## **PROFESSIONALISM ASSESSMENT FORM**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A minimum of 3, student completed, practice educator reviewed forms is required after each “block” of placement except Catering, or twice if placement extends beyond 4 weeks in one setting.

At each of these times the student must complete this form by including one piece of evidence to demonstrate achievement of each professional skill. The student completed form is presented to the practice educator and/or student co-ordinator/practice tutor at an agreed time for review.

Practice educators may wish to note exceptionally positive aspects of the student’s professionalism. Where a skill is **not** being demonstrated, comments from the practice educator and/or student co-ordinator/practice tutor are mandatory and must be included in the relevant section- the practice educator and/or student co-ordinator/practice tutor should refer to the “student in difficulty, student in distress or underperforming student” section of the practice education manual.

| **Skills demonstrating a professional attitude** | **Evidence as below or provided in other documents attached.**  | **Educator Feedback** | **Educator****Yes/No/Not Applicable to this setting** |
| --- | --- | --- | --- |
| **Capable of obtaining informed consent?**- Demonstrates ability to obtain and document informed consent, including service users/carers in all aspects of care- Uses informed consent to support making informed decisions |  |  |  |
| **Demonstrates confidentiality within team, clinical and non- clinical settings?**- Complies with confidentiality protocols as set out by national, local and GDPR guidelines in relation to service user data- Maintains the required confidentiality of colleague, departmental and discipline related information |  |  |  |
| **Demonstrates practice in a non-discriminatory way, respecting the rights and dignity of service users?** |  |  |  |
| **Demonstrates good time management?**- Prioritises effectively- Manages workload within departmental working hours- Reports back at time requested- Reliable and punctual in attendance- Produces presentations and care plans on time- Uses time efficiently |  |  |  |
| **Adheres to the dress code and personal hygiene as per training site policies and UCD practice education manual?** |  |  |  |
| **Demonstrates organisation, interest, motivation?**- Uses initiative whilst being aware of the limitations of knowledge and experience- Makes appropriate offers to help- Recognizes learning needs and looks up information- Up to date on required UCD documentation |  |  |  |
| **Seeks and acts on feedback appropriately?**- demonstrates the ability to receive, respond and act on feedback in a constructive and non-defensive manner at all times  |  |  |  |
| **Takes responsibility for self-directed learning and is accountable for their actions?**- Accepts responsibility to identify learning needs and learning opportunities to achieve competence - Seeks answers without asking the educator first- Demonstrates an enquiring attitude and then shares learning with others- Keeps an up to date portfolio- Reports incidents and health and safety issues - Understands that their actions reflect on the team |  |  |  |
| **Demonstrates awareness of limitations for stage of training and seeks help appropriately?**- Asks questions appropriate to stage of training and at a relevant time. - Knows when and how to seek guidance and from appropriate personnel. - Displays appropriate confidence in own practice in a manner that does not pose risk to service user safety and supports working relationships.- Reports incidents and health and safety issues if applicable.  |  |  |  |
| **Demonstrates appropriate reflective skills**- During weekly feedback sessions and PAF review- After service user or staff contact- By questioning, discussions and during meetings/tutorials/journal clubs  |  |  |  |

**Name of Practice Educator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CORU number if relevant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Student Coordinator/Practice Tutor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CORU number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**