## **PROFESSIONALISM ASSESSMENT FORM**

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

Formal assessment is required at week 7 and 14 of placement.

At each of these times the student must complete this form by including one piece of evidence to demonstrate achievement of each professional skill.

A minimum of 2, student completed, practice educator reviewed assessments must be presented with the summative placement assessment form on week 14 of placement.

The student completed form is presented to the practice educator and/or student co-ordinator/practice tutor at an agreed time on week 7 and 14 for practice educator 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.

Once completed and signed, this form should be returned by the practice educator to UCD MSc programme administrator at dietetics.admin@ucd.ie or by post. Forms received from students will not be accepted.

| **Skills demonstrating a professional attitude** | **Evidence as below or provided in other documents attached.**  | **Demonstrating****Yes/No (Educator)** | **Feedback (Educator)** |
| --- | --- | --- | --- |
| **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 the service user?** |  |  |  |
| **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 own learning and accountability for their actions?**- Accepts responsibility to identify learning needs and learning opportunities to achieve competence - Seeks answers without asking the dietitian 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 patient 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 patient or staff contact- By questioning, discussions and during tutorials/journal clubs  |  |  |  |

**Additional information/comments:**

| **PRACTICE EDUCATOR NAMES** | **SIGNATURES** | **CORU NUMBER DI** | **DATE** |
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