

# Australian Universities Radiation Therapy Student Clinical Assessment Form (AURTSCAF) Assessment Form – version 2

University: \_\_\_\_\_ Placement location: \_\_\_\_\_

Year of program: \_\_\_\_\_ Block No: \_\_\_\_\_ Week of placement: \_\_\_\_\_

Final Summative Assessment / Formative Assessment (*circle one*)

## Instructions:

This form should be completed by the Radiation Therapy Clinical Educator, Preceptor or the student's immediate clinical supervisor. For more detailed information on completing the assessment form, please refer to the user guide.

There are 6 domains of practice to be assessed including:

1. Knowledge and Understanding
2. Critical Thinking and Evaluation
3. Professional and Ethical Practice
4. Care and Clinical Management
5. Professionalism
6. Fitness to Practise

Each domain contains several criteria and all criteria should be assessed for each student.

Domains 1-4 should be assessed using the five-point scale ranging from 'Unsatisfactory level of achievement' through to 'Consistently exceeds expected level of achievement', or 'Not applicable'.

Domains 5 and 6 should be assessed either as Satisfactory or Unsatisfactory.

**Note: For more detailed information on completing the assessment form, there is a user guide that explains the items within the domain and a training package recommended for new users. Please refer to either the clinical educator within your department, or the University supporting the student placement, for the details of accessing training resources.**

Copyright 2012 by the authors. All rights reserved. No part of this assessment form and associated user guide may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written consent of the authors. The use of the AURTSCAF in research is permitted only after written consent of the authors.

The assessment form and user guide were developed by the Radiation Therapy Program Coordinators Group, representing the six tertiary institutions in Australia, namely, University of South Australia, University of Sydney, Monash University, Queensland University of Technology, University of Newcastle and RMIT University.

Funding for this project was provided by the Department of Health and Ageing.

**PLEASE NOTE: This is a confidential document & constitutes only one element of a range of assessment procedures. As such, it requires correlation with further indicators of both knowledge & performance, during this Clinical course. Therefore this Report remains the property of the University & is not to be duplicated or used as an employment reference.**

Student's Name \_\_\_\_\_ Hospital/Department \_\_\_\_\_

Evaluation of Student Performance						
Use these criteria to rate <i>Domains 1-4</i>						
1 Unsatisfactory level of achievement	2 Requires improvement to progress	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	5 Consistently exceeds expected level of achievement	NA Not applicable Not assessed	

1. Knowledge & Understanding	1	2	3	4	5	NA
1.1 Applies & adapts <i>previous</i> knowledge to clinical practice situations						
1.2 Applies & adapts <i>new</i> knowledge to clinical practice situations						
1.3 Demonstrates knowledge of the role and responsibilities of the Radiation Therapist and how this fits within the multidisciplinary team						

2. Critical Thinking & Evaluation	1	2	3	4	5	NA
2.1 Demonstrates the ability to be self-directed						
2.2 Demonstrates appropriate time management skills and use of available resources						
2.3 Demonstrates problem solving skills to formulate appropriate clinical decisions						

3. Professional & Ethical Practice	1	2	3	4	5	NA
3.1 Assumes responsibility for own actions <i>and</i> works within accepted departmental protocols and standards of practice for Radiation Therapy						
3.2 Recognises own abilities and level of professional competence <i>and</i> consults with an experienced practitioner when expertise is required beyond own level of competence						
3.3 Documents accurately						
3.4 Works and communicates effectively with, and demonstrates respect for, all members of the multidisciplinary team						
3.5 Demonstrates effective verbal and non verbal communication with patients, and their carers and families						

4. Care & Clinical Management	1	2	3	4	5	NA
4.1 Demonstrates empathy and respect for individuals and their carers/families						
4.2 Demonstrates awareness of patient's needs and health issues and takes appropriate action						
4.3 Performs technical skills to an appropriate level of competence relative to the stage of their academic program in:						
<i>Note: This is not an assessment of specific clinical competencies. Please refer to each University's specific technical performance indicators for competency assessment.</i>						
➤ Treatment						
➤ Planning						
➤ Simulation/CT						

Evaluation of Student Performance Use these criteria to rate <b>Domains 5 and 6</b>	
<b>S</b> Satisfactory level of achievement	<b>US</b> Unsatisfactory level of achievement

<b>5. Professionalism</b>	S	US
5.1 Demonstrates appropriate interest, enthusiasm, motivation, perseverance in work & learning		
5.2 Punctuality		
5.3 Maintains professional appearance		
5.4 Complies with patient information confidentiality and privacy legislation and policies		
5.5 Follows health and safety requirements		

<b>6. Fitness to Practise</b>	S	US
6.1 Demonstrates the capacity to practise safely		
6.2 Demonstrates the behavior/ attitude/ values expected of a student practitioner		
6.3 Demonstrates an ethical approach to practice		
6.4 Demonstrates competence at the required level for their development to practise safely		

**If the team has any concerns about the student's fitness to practise, please inform the University immediately**

**Assessor's overall comments:**

---



---



---



---



---



---

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student's overall comments:**

---



---



---



---

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Days absent: \_\_\_\_\_ Medical Certificate provided for all days absent: Yes / No