Phase 5 End of Block Assessment (Glasgow) 2026-2027

Trainee's Name:

Firstname Lastname

Once submitted, this form is stored in the student's ePortfolio account.

By completing this form you are confirming that you are in a position to make an informed decision on this student's performance in this block. If you do not feel able to do this, please email the Year 4 Team (med-sch-y4mbchb@glasgow.ac.uk) for the form to be re-allocated.

Block Speciality*:

-- Please Select --

Supervisor's Name*:

Supervisor's Email Address*:

Location*:

Please see below domains covering Professional Attributes and Clinical Competence. If concerns are identified in three or more areas, the student will be deemed not to have satisfactorily passed the block and should be graded accordingly.

Assessed domains:

A	Attendance and Reliability
B	Ability to Manage Own Learning
C	Relationship with Team
D	Clinical Knowledge
E	History Taking Skills
F	Communication Skills
G	Clinical Examination Skills
H	Clinical Reasoning Skills
I	Clinical Procedural Skills
J	Block Specific Assessments (e.g. CbD, mini CEX, portfolio case)

With consideration of the above criteria, has the student satisfactorily completed the requirements of the block and demonstrated the necessary knowledge, skills and behaviours appropriate for their stage of training? *:

- Yes, the student has passed the block with merit.
- Yes, the student has passed the block.
- No, the student has not satisfactorily completed the block.

If the block has not been satisfactorily completed, please outline the required remediation (e.g. number of additional days and/or assessments to be completed):

Please outline in which domain(s) above the student's performance has been inadequate and give the reasons why:

Has the content and outcome contained within this form been discussed with the student?*:

- Yes
- No

What did the student do well?:

What areas of performance could or should be improved?:

Contributor Name*:

Contributor Designation / Job Title*:

Contributor Registration Number(s):

Contributor Email Address*:

NON-DRAFT DRAFT