Phase 4 MBChB5 End of Block Assessment (Glasgow) 2026-2027

**Trainee's Name:**

Firstname Lastname

**Supervisor's Name*:**

**Supervisor's Email Address*:**

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 5 Team ( med-sch-y5mbchb@glasgow.ac.uk) for the form to be re-allocated.

**Location*:**

**Block Speciality*:**

-- Please Select --

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

Please note that if 3 or more A-H domains (domains covering Professional Attributes and Clinical Competence) are ticked as Below Expectations, a meeting with the Year Director will take place to follow up.

**Professional Attributes**

**A: Attendance and Reliability:**

- Above Expectations
- Around Expectations
- Below Expectations

**B: Ability to manage own learning:**

- Above Expectations
- Around Expectations
- Below Expectations

**C: Relationship with team:**

- Above Expectations
- Around Expectations
- Below Expectations

**Clinical Competence**

**D: Knowledge:**

- Above Expectations
- Around Expectations
- Below Expectations

**E: History Taking:**

- Above Expectations

- ( ) Around Expectations
- ( ) Below Expectations

**F: Clinical examination skills:**

- ( ) Above Expectations
- ( ) Around Expectations
- ( ) Below Expectations

**G: Clinical reasoning:**

- ( ) Above Expectations
- ( ) Around Expectations
- ( ) Below Expectations

**H: Communication skills:**

- ( ) Above Expectations
- ( ) Around Expectations
- ( ) Below Expectations

**Formal Assessment**

**I: Standard of Portfolio Cases:**

- ( ) Above Expectations
- ( ) Around Expectations
- ( ) Below Expectations

**J: Mini CEXs:**

- ( ) Above Expectations
- ( ) Around Expectations
- ( ) Below Expectations

**K: Cased-based discussion:**

- ( ) Above Expectations
- ( ) Around Expectations
- ( ) Below Expectations

**L: Long Case (Senior Medicine only):**

- ( ) Above Expectations
- ( ) Around Expectations
- ( ) Below Expectations

**M: Has the student reached the required level of supervision in each of the Clinical and Procedural Skills - CAPS (see logbook)? (Satisfactory engagement at circa 50% completion expected):**

- ( ) Yes
- ( ) No
- ( ) N/A

**If no, please list clinical skills not completed:**

**N: Was this form filled in by student and Educational Supervisor together?*:**

- ( ) Yes
- ( ) No

**O: Overall rating*:**

- ( ) All placement objectives achieved with Merit
- ( ) All placement objectives achieved
- ( ) Not all placement objectives achieved - specify next course of action below

**Please select next course of action/s if not all placement objectives were achieved:**

- [ ] 1. Information to be passed to future clinical placements
- [ ] 2. Discussion with the Year Director is required
- [ ] 3. Further clinical placement is required. Please specify recommended duration in the text box below. This will be discussed by the Year director.
- [ ] 4. Consideration of this student's fitness to practise should be undertaken

**Please comment on your response below. Please outline any additional time/assessments the student is to undertake if relevant:**

**All placement objectives achieved with Merit**: if you are recommending this student for a merit, please note the reason below, keeping your description to c20 words. A merit can be granted for activities including (but not limited to):

- Extra attendance / involvement in e.g., on-call activity
- Presenting at unit meetings
- Writing an audit
- Completing a piece of written work (e.g., case history, case series)
- Significant contribution to the handling of a difficult or particularly complex case

**What did the student do well?:**

**What areas need to be improved?:**

**Did this student's performance (knowledge, skills, attitudes and behaviours) suggest they are making continuous progress towards being a trusted member of a clinical team? If the answer is No, please outline why.*:**

- ( ) Yes
- ( ) No

**Please comment on your response above:**

**Feedback to team: Has the student completed the electronic feedback for this block?*:**

- ( ) Yes
- ( ) No
- ( ) Don't Know

**Supervisor has reviewed student's Turnitin Report for portfolio cases*:**

- ( ) Yes
- ( ) No

**Contributor Name*:**

**Contributor Designation / Job Title*:**

**Contributor Registration Number(s):**

**Contributor Email Address*:**

NON-DRAFT DRAFT