

**BSc (HONS) DIAGNOSTIC RADIOGRAPHY**

**Clinical Practice in Diagnostic Imaging 2**

**Staged Clinical Assessment**

This section to be completed by the student.

Name -----

Matriculation No. -----

Hospital -----

Department -----

Examination -----

Date -----

Assessor









**9 GENERAL INFORMATION**

Please delete inapplicable.

a) Was the student assisted with the examination? YES / NO

Specifically, what assistance was given?

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b) Did the student encounter any difficulties? YES / NO

Specifically, what were they and how did the student deal with them?

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c) Please make any other comments regarding student performance in this staged assessment that you feel are relevant.

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Signed-----(Clinical / Practice Assessor)



## **STAGED CLINICAL ASSESSMENT**

### **MARKING SCHEME**

The student must pass the practical element of the Clinical Assessment before proceeding to the element of discussion with the Academic Tutor.

### **CRITICAL ELEMENTS**

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## **ASSESSMENT FEEDBACK FORM**

Thank you for agreeing to take part in the student's assessment today. It would be appreciated if you would consider filling in the form below. You do not need to complete the form; it is completed on a voluntary basis. Please note the feedback you provide is anonymous; your name will not be recorded on the form, by the student or the staff undertaking the assessment. The feedback provided gives the student an insight into