



MD Structured Professional Assessment Note (SPAN) (MD Years 1-4)

To be completed by a member of the clinical or teaching staff if 'Possible concern' or 'Unsatisfactory' Professional Behaviour is noted.

Assessor Name:		Assessor Contact (email/ph):		Date of Assessment:					
Student Name:		Student Number:		MD Year					
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				Unit/Rotation:					
<i>Please note the examples are not exhaustive</i>				Comments: It is essential to provide specific details of any professional behaviour to document 'Possible concern' or 'Unsatisfactory'					
<p>Self-Professional Behaviour: Honest, dependable, fulfils academic/clinical commitments. Recognises own abilities and limitations. Seeks and responds appropriately to feedback, displays reflective practice. Takes appropriate action if own health problems are affecting their work</p>									
<p>Relating to others: Displays appropriate respect for rights, roles, abilities, cultural values and beliefs of others (patients, relatives and carers, the public, other health care professionals, teaching staff, peers). Displays empathic and caring behaviour towards patients, relatives and carers. Displays student professionalism in educational and health care settings incl. identify themselves as medical students, ensures appropriate consent is obtained prior to their involvement in patient care, observes professional boundaries.</p>									
<p>Systems/work based professional behaviour: Works effectively within a team (clinical and non-clinical) e.g. takes appropriate responsibility, takes suitable action if concerns about professionalism of others, collaborative. Complies with the rules and regulations of the medical school, hospital or other health care provider including dress code/ grooming, patient/ health information confidentiality and privacy, the use of social media. Displays honesty and originality in their academic or clinical work (plagiarism). Displays safety in the clinical environment (e.g. infection control/biological hazards), alerts health care professionals if patient safety concerns identified.</p>									
<p>Other professional behaviour concerns including ATTENDANCE / PARTICIPATION (please specify)</p>									
Action Plan (e.g. Remediation goals, mechanism to improve, time frame)				Assessor Name/Sign					
<p>Please send completed form to PDM Admin: mdprofassess@uwa.edu.au, P: 6457 3804.</p>									

MD Structured Professional Assessment REVIEW + DECISION (MD Years 1-4)

Names of persons completing REVIEW + DECISION form:	Student Name:	Prev. 'Unsatisfactory' or 'Possible Concern' SPAN forms: Y / N If Y- details:
	Student Number:	
Best contact (email/ph):	MD Year 1 2 3 4	
Date SPAN form received:	Student interviewed: Y / N If Y- date:	
Initial Assessor SPAN (please circle): Possible Concern Unsatisfactory	Unit/Rotation:	PROFESSIONAL ASSESSMENT REVIEW/DECISION completed date:
	Comments	
Self-Professional Behaviour:		
Relating to others:		
Systems / work based professional behaviour:		
Other professional behaviour concerns including ATTENDANCE/ PARTICIPATION (please specify):		
Proposed Action Plan (e.g. Remediation goals, mechanism to improve, time frame)		
If 1st REVIEW within 1 unit- Decision made by Discipline/Unit Coordinator		
Please circle:	Meets expectations (option A)	Possible Concern (option B) Unsatisfactory (option C) Unsatisfactory (to PBAP) (Option D)
If 2nd REVIEW within 1 unit: Decision made by Discipline/Unit Coordinator + PDM Coordinator		
Please circle:	Meets expectations (option A)	Possible Concern (option B) Unsatisfactory (option C) Unsatisfactory (to PBAP) (Option D)
If 3rd REVIEW within 1 unit: Decision made by Discipline/Unit Coordinator + PDM Coordinator + Year Sub-Dean +/-MD Course Director		
Please circle:	Meets expectations (option A)	Possible Concern (option B) Unsatisfactory (option C) Unsatisfactory (to PBAP) (Option D)
Prep for Internship Unit: one confirmed unsatisfactory review leads to failure of the unit. Decision made by Discipline/Unit Coordinator + PDM Coordinator + Year Sub-Dean +/-MD Course Director		
Please circle:	Meets expectations (option A)	Possible Concern (option B) Unsatisfactory (option C) Unsatisfactory (to PBAP) (Option D)
Please send completed form to PDM Admin: mdprofassess@uwa.edu.au, 6457 3804		