

Professionalism Competency

To be completed by the student and clinical supervisor and retained by student

DENT NAME			D	ATE	
LEVEL	Year 1 Year 2		Year 3 □		Year 4 \square
ATION					
1. PROFESSIONAL BEHAVIOUR			Clearly below the expected level	At appropriate level	Unable to assess
Attendance /Time man	nagement	Student	0	0	0
		Supervisor	0	0	0
Motivation to learn		Student	0	0	0
		Supervisor	0	0	0
Respect for patients		Student	0	0	0
		Supervisor	0	0	0
Respect for colleagues		Student	0	0	0
		Supervisor	0	0	0
Ability to work in a tea	m	Student	0	0	0
		Supervisor	0	0	0
Recognition of own lim	nitations	Student	0	0	0
		Supervisor	0	0	0
Balancing external co	ommitments	Student	0	0	0
		Supervisor	0	0	0
	Attendance /Time man Motivation to learn Respect for patients Respect for colleagues Ability to work in a tea	ATION COFESSIONAL BEHAVIOUR Attendance /Time management Motivation to learn Respect for patients	ATION OFESSIONAL BEHAVIOUR Attendance /Time management Student Supervisor Motivation to learn Supervisor Respect for patients Supervisor Respect for colleagues Student Supervisor Respect for colleagues Student Supervisor Respect for colleagues Student Supervisor Ability to work in a team Student Supervisor Recognition of own limitations Student Supervisor Recognition of own limitations Student Supervisor Student Supervisor Student Supervisor	Attendance /Time management Attendance /Time management Student Supervisor Respect for patients Supervisor Respect for colleagues Ability to work in a team Supervisor Supervisor	Attendance / Time management Attendance / Time management Supervisor Ability to work in a team Supervisor Supervisor

Professionalism Competency Form A 11-03-2015



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To be completed by the student

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Were there any issues that you feel may have had an adverse effect on your perform	ance during this rotation	
A form must be completed EACH semester		
PBL Tutor – Year 1 & 2	0	
Interprofessional Placement Supervisor – Year 2	0	
Mental Health Rotation (or Clinical School Director/Delegate) – Year 3	0	
Clinical School Director / Delegate – Year 3	0	
General Practice Rotation (or Clinical School Director/Delegate) – Year 4	0	
Pre-Internship Selective (Form A from each previous semester is required) – Year 4	0	
Supervisors name	Date	
Signature		
Student Signature		
Please return this form to the student for filing	П	
Student to upload to their ePortfolio		

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