



Professionalism Competency

Form A

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

STUDENT NAME		DATE	
YEAR LEVEL	Year 1 <input type="checkbox"/>	Year 2 <input type="checkbox"/>	Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/>
LOCATION			

1. PROFESSIONAL BEHAVIOUR			Clearly below the expected level	At appropriate level	Unable to assess
1.1	Attendance /Time management	Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2	Motivation to learn	Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3	Respect for patients	Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4	Respect for colleagues	Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5	Ability to work in a team	Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.6	Recognition of own limitations	Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.7	Balancing external commitments	Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



To be completed by the student

Were there any issues that you feel may have had an adverse effect on your performance during this rotation?

A form must be completed EACH semester

PBL Tutor – Year 1 & 2	<input type="checkbox"/>
Interprofessional Placement Supervisor – Year 2	<input type="checkbox"/>
Mental Health Rotation (or Clinical School Director/Delegate) – Year 3	<input type="checkbox"/>
Clinical School Director / Delegate – Year 3	<input type="checkbox"/>
General Practice Rotation (or Clinical School Director/Delegate) – Year 4	<input type="checkbox"/>
Pre-Internship Selective (Form A from each previous semester is required) – Year 4	<input type="checkbox"/>

Supervisors name		Date
Signature		
Student Signature		

Please return this form to the student for filing

Student to upload to their ePortfolio