



Please add comments/suggestions for **AREAS of IMPROVEMENT**:

Please add comments/suggestions for **AREAS GRADED Below Expectations or Unsatisfactory**, including factual examples:

*\*Note: Comments from ONLY the 3rd and 4th QCPRs will be included on the student's Medical Student Personal Record (MSPR).*

Faculty comments: These comments **WILL appear** on the Medical Student Performance Record (MSPR)/Dean's Letter. The MSPR/Dean's Letter is used in residency applications.

Please add comments:

## Part 2: Assessment of Professional Behaviour

All professionalism forms with grades of Below Expectations or Unsatisfactory will be flagged for review and require additional comments. Please provide factual examples. If flagged for review, this form will become part of the Student's Professionalism File which is reviewed yearly by the Committee to Support Student Professionalism.

Professionalism issues will be reviewed and addressed by the Committee to Support Student Professionalism. You may be contacted with a request for clarification of your assessment. If you have concerns and want to speak directly to someone on the Committee to Support Student Professionalism., please contact [umeprofessionalism@nosm.ca](mailto:umeprofessionalism@nosm.ca)

	Unable to Assess	Un - satisfactory	Below Expectations	Meets Expectations	Exceeds Expectations
<b>A. HONESTY</b>					
Acknowledgement of own knowledge deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of own clinical limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of contribution of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. RESPECT</b>					
Rapport with patient/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of impact of illnesses patient/family/community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for patients' rights, culture, sexual orientation, and religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect to other health care professionals and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. SELF AWARENESS</b>					
Acknowledgement of personal discomfort with an issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive to constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. RESPONSIBILITY</b>					
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attendance/informs preceptor of excused absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate use of personal technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. CRITICAL PERFORMANCE ELEMENTS</b>					
Maintenance of professional boundaries with patient/tutors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of patient confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall assessment of Professional Behaviour</b>					
<input type="checkbox"/> Pass <input type="checkbox"/> Borderline <input type="checkbox"/> Fail					
Faculty Comments: <i>These comments are for student feedback and <b>are NOT</b> for the Medical Student Performance Record (MSPR)/Dean's Letter.</i>					
Please add comments/suggestions for <b>STRENGTHS</b>					
Please add comments/suggestions for <b>AREAS of IMPROVEMENT:</b>					
Please add comments/suggestions for <b>AREAS GRADED</b> Below Expectations or Unsatisfactory, including factual examples:					
Note: Comments from <b>ONLY</b> the 3rd and 4th QCPRs will be included on the student's Medical Student Personal Record (MSPR).					
Faculty comments: These comments <b>WILL appear</b> on the Medical Student Performance Record (MSPR)/Dean's Letter. The MSPR/Dean's Letter is used in residency applications.					
Please add comments:					
If applicable, please list the names of preceptors who participated in the evaluation:					
Did you have an opportunity to meet with this medical student to discuss their performance Yes <input type="checkbox"/> No <input type="checkbox"/>					