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**Objectifs personnels d’enseignement clinique**

Nom Prénom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matricule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centre de Formation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Module d’ENSCL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terrain d’ENSCL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: du \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ au \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_

**Mes objectifs d’apprentissage pour les 4 domaines de compétences sont:**

* Etablir une communication professionnelle:

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* Poser un jugement professionnel:

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* Réaliser les prestations de soin:

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* S’engager dans la profession:

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 Signature de l’élève Signature du responsable du terrain