UCSF SCHOOL OF MEDICINE
INSITUTIONAL PHYSICIANSHIP EVALUATION

Student name (type or print legibly) Date

Signature of the Associate Dean

Date this form was discussed with the student ____________

A student with a pattern of the following behavior has not sufficiently demonstrated professional and personal attributes for meeting the standards of professionalism inherent in being a physician:

Circle the appropriate category. Comments are required.

1. Unmet professional responsibility:

The student needs continual reminders in the fulfillment of responsibilities that are essential to being a medical student at UCSF. These responsibilities include but are not limited to responding in a reasonable manner to communications from the Offices of Curricular or Student Affairs. Other examples of essential responsibilities include completing the requirements necessary to progress to clinical responsibility, including receiving required immunizations, scheduling and completing USMLE Step 1 and Step 2 by the required dates.

   a. The student cannot be relied upon to communicate effectively.

   b. The student does not complete essential responsibilities by the prescribed deadline.

   c. The student misrepresents or falsifies actions and/or information.

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______________________________________________________
2. **Lack of effort toward self improvement and adaptability:**

   a. The student is resistant or defensive in accepting criticism.

   b. The student remains unaware of his/her own inadequacies.

   c. The student resists considering or making changes.

   d. The student does not accept blame for failure, or responsibility for errors.

   e. The student is abusive or critical during times of stress.

   f. The student demonstrates arrogance.
3. **Diminished relationships with administrative faculty and staff:**

   a. The student behaves in an inappropriate manner with administrative faculty and staff (e.g. does not respect the professional role of the administrative individual).

   b. The student does not respect professional boundaries in interactions with administrative faculty or staff.

5. Please comment on an appropriate plan of action to pursue when counseling the student.

   This section is to be completed by the student.

   **My comments are: (optional)**

   I have read this evaluation and discussed it with the submitting associate dean.

   ________________  ________________
   Student signature         Date