UCSF SCHOOL OF MEDICINE PHYSICIANSHIP EVALUATION

Student Name: Date:	
Please choose evaluation type:	Complete if applicable:
□Foundations 1 Physicianship □Foundations 2/Career Launch Physicianship □Institutional Physicianship	Dept. & Course # Month/Year
Signature of Course/Clerkship Director or 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:

Please choose the appropriate category. More than one may apply. Comments are required.

1. Unmet professional responsibility

- a. \Box The student cannot be relied upon to communicate effectively.
- b.
 The student needs continual reminders in the fulfillment of responsibilities that are essential to being a medical student at UCSF (ie: responding to emails, completing immunization or USMLE exams by the required dates.)

If above is checked, please specify issue: ______.

- c. \Box The student does not complete essential responsibilities or assigned tasks by the prescribed deadline.
- d. \Box The student misrepresents or falsifies actions and/or information.

Comments:

2. Lack of effort toward self-improvement and adaptability

- a. \Box The student is resistant or defensive in accepting criticism.
- b. \Box The student remains unaware of their own inadequacies.
- c. \Box The student resists considering or making changes.
- d. \Box The student does not accept blame for failure, or responsibility for errors.
- e. \Box The student is abusive or critical during times of stress.
- f. \Box The student demonstrates arrogance.

Comments:

3. Diminished relationships with administrators, faculty, staff, colleagues, patients, or families.

- a.
 The student behaves in an inappropriate manner with administrators, faculty, staff, colleagues, patients, or families.
- b. \Box The student does not respect professional boundaries in interactions with administrators, faculty, staff, colleagues, patients, or families.
- c. \Box The student does not function within a healthcare team.
- d. \Box The student is insensitive to the needs, feelings, and/or wishes of the healthcare team members.
- e. \Box The student does not demonstrate sensitivity to the needs or wishes of patients, or families.
- f. \Box The student inadequately establishes rapport with patients or families.
- h. \Box The student lacks empathy.

Comments:

4. Lapses in upholding the Medical Student Statement of Principles

- a. \Box Maintaining honesty.
- c. Respecting the diversity of race, gender, religion, sexual orientation, age, disability, or socioeconomic status.
- d. \Box Resolving conflicts in a manner that respects the dignity of every person involved.
- e. \Box Using professional language and being mindful of the environment.
- f. \Box Protecting patient confidentiality.
- g. \Box Dressing in a professional manner.

Comments:

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

This section to be completed by the student: My comments (optional):

I have read this evaluation and discussed it with the submitting Course/Clerkship Director or Associate Dean.

Student signature