

UCSF SCHOOL OF MEDICINE
PHYSICIANSHIP EVALUATION FORM

Student name (type or print legibly)

Course (Dept. & Course No.)

Site Director

Quarter, Block and Year

Site Director's Signature

Location

Date this form was discussed with the student _____

A student with the 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:

- a. The student needs continual reminders in the fulfillment of responsibilities to patients or to other health care professionals.
- b. The student cannot be relied upon to complete tasks.
- c. The student misrepresents or falsifies actions and/or information.

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 patients and families:

- a. The student inadequately establishes rapport with patients or families.
- b. The student is often insensitive to the patients' or families' feelings, needs, or wishes.
- c. The student uses his/her professional position to engage in romantic or sexual relationships with patients or members of their families.
- d. The student lacks empathy.
- e. The student has inadequate personal commitment to honoring the wishes of the patients.

4. **Diminished relationships with members of the health care team:**
a. The student does not function within a health care team.
b. The student is insensitive to the needs, feelings, and wishes of the health care team members.

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

This section is to be completed by the student.

6. **I have read this evaluation and discussed it with the clerkship director.**

Student signature

Date

7. **My comments are: (optional)**

Note: From “Papadakis MA, Osborn EH, Cooke M, Healy K. A strategy for the detection and evaluation of unprofessional behavior in medical students. Acad Med. 1999;74:980-90.”
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