

**FAU COLLEGE 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 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:

- 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 patient's 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. My comments are: (optional)

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

Student signature

Date

Office of Student Affairs Section

Notification of Learning Community Advisor

Follow-up with individual who filed the PEF (if PEF was not an anonymous)