

**FAU COLLEGE OF MEDICINE
PHYSICIANSHIP EVALUATION FORM
FOR FIRST & SECOND YEAR STUDENTS**

Student name *(type or print legibly)*

Course *(Dept. & Course No.)*

Course director

Quarter, Year

Course director's signature

Date this form was discussed with the student _____

The student has exhibited one or more of the following behaviors that need improvement to meet expected standards of physicianship.

This student needs further education or assistance with the following: (circle)

1. Reliability and responsibility

- a. Fulfilling responsibilities in a reliable manner.
- b. Learning how to complete assigned tasks.

2. Self improvement and adaptability

- a. Accepting constructive feedback
- b. Recognizing limitations and seeking help
- c. Being respectful of colleagues and patients
- d. Incorporating feedback in order to make changes in behavior
- e. Adapting to change

3. Relationships with students, faculty, staff and patients

- a. Establishing rapport
- b. Being sensitive to the needs of patients
- c. Establishing and maintaining appropriate boundaries in work and learning situations
- d. Relating well to fellow students in a learning environment
- e. Relating well to staff in a learning environment
- f. Relating well to faculty in a learning environment

4. Upholding the Medical Student Statement of Principles

- a. Maintaining honesty
- b. Contributing to an atmosphere conducive to learning
- c. Respecting the diversity of race, gender, religion, sexual orientation, age, disability or socio-economic status
- d. Resolving conflicts in a manner that respects the dignity of every person involved
- e. Using professional language and being mindful of the environment
- f. Protecting patient confidentiality
- g. Dressing in a professional manner

Comments & Suggestions for Change:

This section is to be completed by the student.

I have read this evaluation and discussed it with my course director.

Student signature

Date

My comments are: (optional)

Office of Student Affairs Section

Notification of Learning Community Advisor

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