Description of the UT Southwestern Physicianship Evaluation Form for Clinical Students (Third and Fourth Year)

Professionalism will be assessed in a standardized way on all clerkships. Students who do not demonstrate adequate professional and personal attributes (e.g. all who receive ratings of 1 or 2 on their final evaluation in Professional Attributes and Responsibilities, Self Improvement and Adaptability, Relationships with Patients, or Interpersonal Relationships with other members of the Health Care Team; or, at the discretion of the course or clerkship director, those who receive ratings between 2 and 3 in any of the above categories) will be evaluated further by the clerkship director. If the concerns are found to have merit, the clerkship or course director will complete a "Physicianship Evaluation Form" to document the areas in which improvement is needed.

Timely feedback to students whenever information becomes available is a goal of this evaluation process. The clerkship director or faculty attending is encouraged to meet with a student who does not meet professionalism standards as soon as concerns are raised prior to the end of the rotation. The purpose of this meeting is to discuss ways in which performance can be improved, thus allowing the student adequate opportunity to make appropriate changes. Such feedback meetings during the clerkship with appropriate documentation, though strongly encouraged, are not required in order to submit a Physicianship Evaluation Form.

In most cases, a Physicianship Evaluation form should be completed prior to the submission of final grades to the Registrar’s office. The clerkship director will meet with the student to review the form. To document this process, the student can sign and date the form and may respond to the evaluation by providing additional information. The course/clerkship director then files the report with the Associate Dean for Student Affairs, who subsequently meets with and counsels the student on the behaviors of concern and works with the clerkship director to assist the student in the development of a remediation plan.

Students may also be given a non-passing grade in the clerkship for failing to demonstrate appropriate personal and professional attributes required for a physician.

If a student receives one Physicianship Evaluation form in the clinical years, it will not be referred to in the Medical Student Performance Evaluation (MSPE) or escalated to the Student Promotions Committee unless the behavior described is egregious. Reports of subsequent Physicianship Evaluations will be mentioned in the MSPE, along with any teaching plans that were developed to assist the student. Should a student receive a second Physicianship Evaluation form after the MSPE has been transmitted, the school will notify residency program directors of the ongoing concerns about performance in the domain of professionalism. Students who receive two or more Physicianship evaluations in the clinical years will be placed on academic probation and can be referred to the Student Promotions Committee (SPC) for review of the deficiencies. The SPC can recommend dismissal. Dismissal appeals may be made to the SPC, and subsequently to the Dean, in accordance with School of Medicine policy.

This Policy was adapted with permission from the University of California, San Francisco School of Medicine and largely based on the work of Dr. Maxine Papakakis, Associate Dean for Student Affairs
Approved Faculty Council 5/6/2010
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.

This Policy was adapted with permission from the University of California, San Francisco School of Medicine and largely based on the work of Dr. Maxine Papakakis, Associate Dean for Student Affairs

Approved Faculty Council 5/6/2010
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

This Policy was adapted with permission from the University of California, San Francisco School of Medicine and largely based on the work of Dr. Maxine Papakakis, Associate Dean for Student Affairs

Approved Faculty Council 5/6/2010