Description of the UT Southwestern Physicianship Evaluation Form for Pre-Clerkship Medical Students

This Physicianship evaluation indicates that a student needs help developing professionalism skills. A faculty member and a course director who are concerned about a student's behavior will give feedback to the student and make suggestions for improvement. If the behavior is repeated or is initially serious enough, then a Physicianship Evaluation Form will be completed, reviewed with the student, and then forwarded to the Associate Dean for Student Affairs, MC 9006.

The following are examples of some behaviors that would warrant a Physicianship form: a student repeatedly does not show up for a patient-related activity, such as the weekly Colleges session, without appropriate communication with the mentor; a student is repeatedly tardy to small group meetings; a student fails to complete assignments; or a student demonstrates disruptive behavior in lecture. If a first or second-year student receives one or more professionalism evaluation forms, he/she meets with Associate Dean for Student Affairs for counseling and remediation. Reference to these sessions is not made in the Medical Student Performance Evaluation (MSPE). However, if a student receives two or more Physicianship evaluations in the Pre-Clerkship Period and receives a subsequent form in the Clerkship or Post Clerkship Periods, or if the unprofessional behavior is sufficiently serious or egregious, then student is referred to the Student Promotions Committee (SPC), and these evaluations and issues are mentioned in the MSPE (unless deemed otherwise by the SPC).

In all cases, the Student Promotions Committee has complete discretion to determine what constitutes a professionalism deficiency and to take appropriate action.

If you have any questions about the performance criteria, please contact Associate Dean for Student Affairs at (214) 648-2168.
**UT SOUTHWESTERN MEDICAL SCHOOL**
**PHYSICIANSHIP EVALUATION FORM**
**FOR PRE-CLERKSHIP STUDENTS**

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<tr>
<th>Student Name (type or print legibly)</th>
<th>Student I.D. Number</th>
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<tr>
<th>Course Director</th>
<th>Course (Dept. &amp; Course No.)</th>
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<tr>
<th>Course Director’s Signature</th>
<th>Quarter / Year</th>
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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 professionalism.

**This student needs further education or assistance with the following: (check all that apply)**

1. **Reliability and responsibility**
   - [ ] a. Fulfilling responsibilities in a reliable manner.
   - [ ] b. Attendance on time at required activities.
   - [ ] c. 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
   - [ ] d. Respecting the diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status
   - [ ] e. Resolving conflicts in a manner that respects the dignity of every person involved
   - [ ] f. Using professional language and being mindful of the environment
   - [ ] g. Protecting patient confidentiality
   - [ ] h. Dressing in a professional manner

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Approved Faculty Council 5/6/2010 Revised 5/15/16 Revised 11/6/2018
5. Comments & Suggestions for Change:

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6. My comments are: (optional)

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

________________________________________

Student Signature

Date

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