Feinberg School of Medicine
Physicianship Evaluation Form

Student name (type or print legibly)  Faculty Name (type of print legibly)

Course (dept. or course title)  Site (if applicable)  Date

This student has exhibited one or more of the following behaviors that need improvement to meet expected standards of professional behaviors as outlined in the Professional Code of Conduct.

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

1. **Reliability and responsibility**
   a. Attendance and punctuality
   b. Completing assignments on time (including course evaluations)
   c. Notification of absences for required activities

2. **Self improvement and adaptability**
   a. Acceptance of feedback and constructive criticism
   b. Recognition of limitations and willingness to seek help
   c. Incorporation of feedback
   d. Adaptability to change
   e. Maintaining professional composure in stressful situations

3. **Relationships with students, faculty, staff and patients**
   a. Establishing rapport
   b. Placing the needs of patients ahead of personal needs
   c. Establishing and maintaining appropriate boundaries in work situations
   d. Maintaining respectful and courteous manner with fellow students, faculty, staff and patients

4. **Upholding the principles of the Professional Code of Conduct**
   a. Showing respect for all people equally without regard to age, race, gender, religion, ethnicity, disability, social status, sexual orientation, or political ideology
   b. Maintaining professional manner in language, deportment and appearance
   c. Respecting patient confidentiality
   d. Maintaining honesty and integrity
   e. Contributing to an atmosphere conducive to learning
   f. Resolving conflicts in a manner that respect the dignity of every person involved

(Please comment)

________________________________________
________________________________________
________________________________________

Faculty signature  Date  Phone number

This section to be completed by the student (optional). My comments are:

________________________________________
________________________________________
________________________________________

I have read this evaluation and discussed it with the faculty member. (Required)

Student signature  Date