

**UCSD SCHOOL OF MEDICINE
PHYSICIANSHIP EVALUATION FORM (PEF) FOR FIRST & SECOND YEAR STUDENTS**

Student name (*type or print legibly*)

Course (*Dept. & Course No.*)

Course Director, printed name

Quarter, Year

Course Director, signature

Date form 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 course responsibilities in a reliable manner.
- b. Fulfilling administrative responsibilities in a reliable manner.
- c. Learning how to complete assigned tasks.

2. Self improvement and adaptability

- a. Accepting constructive feedback
- b. Incorporating feedback in order to make changes in behavior
- c. Recognizing limitations and seeking help
- d. Being respectful of colleagues and patients
- 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 in a mature and responsible manner to fellow students in the learning environment
- e. Relating in a mature and responsible manner to staff in the learning environment
- f. Relating in a mature and responsible manner to faculty in the 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 socioeconomic 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 to be completed by the student.

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

Student signature

Date

Student Comments: (optional – use back of form if necessary)

