

**UCSD SCHOOL OF MEDICINE  
PROFESSIONALISM EVALUATION FORM (PEF)**

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Course

\_\_\_\_\_  
Clerkship Director Signature

Date this evaluation was discussed with the student \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The above mentioned student has not sufficiently demonstrated professional and personal attributes for meeting the standards of professionalism inherent in being a physician; he/she has shown a pattern of the following behavior:

*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.
- d. The student has issues with punctuality.
- e. Other: (describe): \_\_\_\_\_  
\_\_\_\_\_

*Comments:* \_\_\_\_\_

**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.

**Lack of effort toward self improvement and adaptability (cont.):**

- e. The student is abusive or critical during times of stress.
- f. The student demonstrates arrogance.
- g. Other: (describe) \_\_\_\_\_  
\_\_\_\_\_

*Comments:* \_\_\_\_\_

**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 patients' or families' feelings, needs, or wishes.
- 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.
- f. Other: (describe): \_\_\_\_\_  
\_\_\_\_\_

*Comments:* \_\_\_\_\_

**4. Significant concerns about behavior in areas/aspects listed below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **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.
- c. Other: (describe) \_\_\_\_\_  
\_\_\_\_\_

*Comments:* \_\_\_\_\_

6. **Other: (describe)** \_\_\_\_\_  
\_\_\_\_\_

I have read the evaluation, above, and discussed the issue(s) with the Clerkship Director.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date