

**UCSF SCHOOL OF MEDICINE
INSTITUTIONAL PHYSICIANSHIP EVALUATION**

Student name (*type or print legibly*)

Date form completed:

Signature of the Associate Dean: _____

Date this form was discussed with the student: _____

The institutional physicianship evaluation has been submitted on the student because s/he has demonstrated insufficient professional and personal attributes to meet the standards of professionalism inherent in being a physician:

Circle the appropriate category. Comments are required.

1. Unmet professional responsibility:

The student needs continual reminders in the fulfillment of responsibilities that are essential to being a medical student at UCSF. These responsibilities include but are not limited to: (a) responding in a reasonable manner to communications from the Offices of Curricular or Student Affairs; (b) completing the requirements necessary to progress to clinical responsibility, including completing required immunizations and scheduling and completing USMLE Step 1 and Step 2 by the required dates; and (c) avoiding misrepresentation of financial aid information.

- a. The student cannot be relied upon to communicate effectively.
- b. The student does not complete essential responsibilities in a timely manner.
- 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 responsibility for failure or for errors.
- e. The student is abusive during times of stress.
- f. The student demonstrates arrogance.

3. Diminished relationships with administrative faculty and staff:

- a. The student behaves in an inappropriate manner with administrative faculty and staff (e.g. does not respect the professional role of the administrator).
- b. The student does not respect professional boundaries in interactions with administrative faculty or staff.

4. Please comment on an appropriate plan of action to pursue when counseling the student.

This section is to be completed by the student.

My comments are: (optional)

I have read this evaluation and discussed it with the associate dean.

Student signature

Date

7/03