University of Colorado School of Medicine
Student Professionalism Feedback Form

Student Name _____

Setting (e.g., Course) _____ Year (circle) I II III IV

Individual Submitting the Form _____ Title_____

Date of contact and discussion with the student_____

A student with any of the following patterns of behavior is not meeting the personal or professional standards inherent to the profession of medicine. Please mark the area which best describes your concerns about this student. Provide comments in the space provided.

1 UNMET PROFESSIONAL RESPONSIBILITY:

- ☐ Student needs continual reminders in the fulfillment of responsibilities to faculty, colleagues, staff or patients
- ☐ The student cannot be relied upon to complete tasks
- ☐ The student misrepresents or falsifies actions and/or information (refer to Honor Council)
- ☐ The student fails to maintain a professional appearance/attire
- ☐ Other _____

2 LACK OF EFFORT TOWARD SELF-IMPROVEMENT

- ☐ The student is resistant or defensive in accepting criticism
- ☐ The student remains unaware of his/her inadequacies
- ☐ The student resists considering or making changes
- ☐ The student does not accept blame for failure, or responsibility for errors
- ☐ The student is abusive or critical during times of stress
- ☐ The student demonstrates arrogance
- ☐ Other _____

3 INADEQUATE RAPPORT WITH PATIENTS OR FAMILIES

- ☐ The student does not adequately establish rapport with patients or families
- ☐ The student appears insensitive to patient or family needs, feelings or wishes
- ☐ The student uses his/her professional position to engage in romantic or sexual relationships with patients or families
- ☐ The student fails to display empathy
- ☐ The student displays an inadequate personal commitment to honoring the wishes of patients
- ☐ Other _____

4 INADEQUATE RAPPORT WITH FELLOW STUDENTS, FACULTY OR OTHER MEMBERS OF THE HEALTH CARE TEAM

- ☐ The student does not interact appropriately within the small group
- ☐ The student does not interact appropriately in the lecture setting
- ☐ The student does not function appropriately within a health care team
- ☐ The student appears insensitive to the needs, feelings or wishes of other members of the small group
- ☐ The student appears insensitive to the needs, feelings or wishes of other members of the health care team
- ☐ The student appears insensitive to issues of diversity (e.g., cultural, spiritual, ethnic, etc.).
- ☐ Other _____

COMMENTS (required): (a separate sheet may be attached)

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Form completed by: _____
Signature: _____

For completion by the student:
I have read this form and have discussed it with the individual who provided me with professionalism feedback, and/or the Chair of the Professionalism Committee.

Signature: _____ Date: _____

Student signature on this form is intended only to verify that the student has reviewed the form with the individual providing feedback and/or the Chair of the Professionalism Committee.

Student comments (optional):

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Adapted from the UCSF Physicianship Evaluation Form (*Academic Medicine*, Vol. 74:9, Sept. 1999, 982-3.)

SUBMIT FORM TO:
Chair, Medical Student Professionalism Committee
University of Colorado School of Medicine
Mail Stop F-523, Bldg 500
13001 E. 17th Place, Aurora, CO 80045