

**MUSC COLLEGE OF MEDICINE  
PHYSICIANSHIP EVALUATION FORM  
FOR FIRST & SECOND YEAR STUDENTS**

\_\_\_\_\_  
Student name (type or print legibly)

\_\_\_\_\_  
Course (Dept. & Course No.) or  
Department

\_\_\_\_\_  
Course director or person completing form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Course director or person completing form's signature

Date this for was 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 responsibilities in a reliable manner.
- b. Learning how to complete assigned tasks.

**2. Self improvement and adaptability**

- a. Accepting constructive feedback
- b. Recognizing limitations and seeking help
- c. Being respectful of colleagues and patients
- d. Incorporating feedback in order to make changes in behavior
- 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 well to fellow students in a learning environment

- e. Relating well to staff in a learning environment
- f. Relating well to faculty in a 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
- 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:**

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**This section is to be completed by the student.**

**I have read this evaluation and discussed it with the course director, faculty, or staff.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**My comments are: (optional)**

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