

Clerkship Professionalism Evaluation Form - 2001-2002


Name : _____

Supervisor _____
Please print

Please use the following scale:

W6

Meets professional expectations	Observed 1 or 2 minor lapses of professional behaviour	Observed 1 major lapse or 3 or more minor lapses of professional behaviour	Was not in a position to observe professional/unprofessional behaviour	mark the box with dark ink 			
A	B	C	N	A	B	C	N/O
A Altruism							
1	Demonstrates sensitivity to patients' needs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Takes time and effort to explain information to patients			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Takes time and effort to comfort the sick patient			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Listens sympathetically to patients' concerns			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Puts patients' interests before his/her own			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Shows respect for patients' confidentiality			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Duty: Reliability and Responsibility							
7	Completes assigned tasks timely and fully			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Fulfills obligations undertaken			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Takes on appropriate share of team work			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Fulfills call duties			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Reports accurately and fully on patient care activities			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Always ensures transfer of responsibility for patient care			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Informs supervisor/team when mistakes occur			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Informs supervisor/team when faced with a conflict of interest			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Excellence: Self Improvement and Adaptability							
15	Accepts constructive feedback			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Recognizes own limitations and seeks appropriate help			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Incorporates feedback to make changes in behaviour			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Adapts well to changing circumstances			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Reads up on patient cases			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Attends rounds, seminars, and other learning events			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Respect for Others: Relationships with Students, Faculty & Staff							
21	Establishes rapport with team members			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Maintains appropriate boundaries in work and learning situations			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Relates well to fellow students in a learning environment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Relates well to faculty in a learning environment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Relates well to other health care professionals in a learning environment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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E Honour and Integrity: Upholding Student and Professional Code of Conduct

26	Refers to self accurately with respect to qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Uses appropriate language in discussion with patients and colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Resolves conflicts in a manner that respects the dignity of those involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Behaves honestly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Respects diversity of race, gender, religion, sexual orientation, age, disability, intelligence, and socio-economic status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Maintains appropriate boundaries with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Dresses in an appropriate professional manner (context specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F Global Rating of Professionalism 6 = Excellent 1 = Poor 6 5 4 3 2 1
 If global rating is less than 4, please state reasons in critical comments section.

Critical Comments: *(note if there was a critical event, please document it here)*

Critical Event: Yes No

This appraisal was completed by: a person consensus of more than one person

Please sign below ONLY after the evaluation has been discussed with the student. Student signature does not necessarily imply agreement with the evaluation, only that it has been discussed.

Student's Signature : _____
 Date : _____

Supervisor's Signature : _____
 Date : _____