

Guidelines for Evaluating Professionalism on Clinical Rotations

Scale: 5. Above expectations. Above expected level of professional behavior.

3. Meets expectations. At expected level of professional behavior.

1. Below expectations. Below expected level of professional behavior.

N/O. Was not in a position to observe professional/unprofessional behavior.

Expectations: _____	5	3	1	N/O
Student: _____		No lapses observed	Lapses observed	Not in a position to observe
Rotation: _____				
A. Altruism ♦ Demonstrates sensitivity to patients' needs ♦ Takes time and effort to explain information to patients ♦ Takes time and effort to comfort the sick patient ♦ Listens sympathetically to patients' concerns ♦ Puts patients' interests before his/her own ♦ Shows respect for patients' confidentiality				
B. Duty: Reliability and Responsibility ♦ Completes assigned tasks timely and fully ♦ Fulfills obligations undertaken ♦ Takes on appropriate share of team work ♦ Fulfills call duties ♦ Reports accurately and fully on patient care activities ♦ Always ensures transfer of responsibility for patient care ♦ Informs supervisor/team when mistakes occur ♦ Informs supervisor/team when faced with a conflict of interest				
C. Excellence: Self Improvement and Adaptability ♦ Accepts constructive feedback ♦ Recognizes own limitations and seeks appropriate help ♦ Incorporates feedback to make changes in behavior ♦ Adapts well to changing circumstances ♦ Reads up on patient cases ♦ Attends rounds, seminars, and other learning events				
D. Respect for Others: Relationships with Students, Faculty and Staff ♦ Establishes rapport with team members ♦ Maintains appropriate boundaries in work and learning situations ♦ Relates well to fellow students in a learning environment ♦ Relates well to faculty in a learning environment ♦ Relates well to other health care professionals in a learning environment				
E. Honor and Integrity: Upholding Student and Professional Codes of Conduct ♦ Refers to self accurately with respect to qualifications ♦ Uses professional language in discussion with patients and colleagues ♦ Resolves conflicts in a manner that respects the dignity of those involved ♦ Behaves honestly ♦ Respects the diversity of race, gender, religion, sexual orientation, age, disability, intelligence, and socio-economic status ♦ Maintains appropriate boundaries with patients ♦ Dresses in an appropriate professional manner				

University of Maryland School of Medicine

Notes on the Guidelines for Evaluating Professionalism on Clinical Rotations

Purpose:

The purpose of this form is to help evaluate the section on professionalism on the Student Performance Evaluation to be used in all clinical rotations. Both forms are designed to reflect both positive and negative behaviors.

Use:

Form 2 should be referred to when filling out the Student Performance Evaluation for each student at the end of the course.

Steps in completing:

The following steps are recommended:

1. Indicate on the form, the ranking of the student on each of the major components.
2. Review the form with the student **only if there are lapses**. It is anticipated that this form can also be a vehicle for teaching professional behavior. At the end, have the student sign the form to indicate that it has been reviewed with him/her.
3. If any rankings in a major section (e.g. Altruism, Duty, etc.) are **Below Expectations**, the reasons must be documented and the forms must be referred to the course director.
4. It is recommended that this notification occur within 72 hours if possible. The Course Director will then review the form and complete Form 4 if required.
5. Attach copies of all relevant materials to the form. Be sure the documentation is complete.
6. All forms must be kept confidential from other faculty and staff.
7. In the usual situation where the student has done well, all such original forms are to be sent to the Office of Student Affairs. The Course Director should retain copies in his/her own course files.

Global Rating of Professionalism

Excellent

5

3

Poor

1

N/O

Overall: I have sufficient concerns that this student needs to be spoken to about his/her professional behavior. **YES** **NO**

Critical Comments:

Please sign below **ONLY** after the evaluation has been discussed with the student. Signatures do not necessarily imply agreement with the evaluation, only that it has been discussed.

Student's Signature: _____

Supervisor's Signature: _____

Date: _____