

University of South Alabama, College of Medicine Physicianship Praise Card

Please complete and submit this form to the Associate Dean for Student Affairs, Dr. Kelly Roveda, kroveda@southalabama.edu when you wish to praise the professional behavior and/or performance of a medical student. This information will be conveyed to the student and noted in their permanent file.

Date: ____/____/____

Name of Medical Student: (first) _____ (last) _____

A. My praise about the performance of this medical student is based on his/her demonstration of exceptional ability in one or more of the following traits (**please check**):

Category	Check off below:	Description
Patient Care	<ul style="list-style-type: none"> <input type="radio"/> Responsiveness to patient needs <input type="radio"/> Care and Compassion 	
Professionalism	<ul style="list-style-type: none"> <input type="radio"/> Compliance with examination policies and procedures <input type="radio"/> Honesty <input type="radio"/> Respect for patients' and families' privacy, autonomy, and dignity <input type="radio"/> Respect for superiors, colleagues, peers, and others <input type="radio"/> Ability to accept constructive feedback <input type="radio"/> Attendance/participation for group activities <input type="radio"/> Ethical behavior <input type="radio"/> Attitudes towards professionalism 	
Systems Based Practice	<ul style="list-style-type: none"> <input type="radio"/> Responsibility to patients, society, and the medical profession <input type="radio"/> Cooperation with the team 	
Interpersonal and Communication	<ul style="list-style-type: none"> <input type="radio"/> Communication skills 	
Practice based learning and improvement	<ul style="list-style-type: none"> <input type="radio"/> Self-awareness <input type="radio"/> Recognition of own limitations 	
Other		

B. Describe your observations.

C. Reported by (print) _____ **Position** _____

Email: _____ Phone: _____

D. I have met and discussed their performance with the student on the following date: ____/____/____

1. Student's signature: _____ Date: ____/____/____

2. Reporter's signature: _____ Date: ____/____/____

Adapted from:

1. ACGME, Program Director Guide to the Common Program Requirements, Chicago, IL, 2009
2. University of Virginia School of Medicine. Praise Card and Early Concern Card. www.med-ed.virginia.edu
3. University of California, San Francisco School of Medicine. Professionalism Praise Card