

University of South Alabama, College of Medicine
Physicianship Praise Card

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 | |
|---|--|
| Patient Care | |
| Professionalism | <div style="text-align: right;">procedures</div> <ul style="list-style-type: none"> <input type="checkbox"/> Honesty <input type="checkbox"/> Respector patients' and families' privacy, autonomy, and dignity <input type="checkbox"/> Respector superiors, colleagues, peers, and others <input type="checkbox"/> Ability to accept constructive feedback <input type="checkbox"/> Attendance/participation for group activities <input type="checkbox"/> Ethical behavior <input type="checkbox"/> Attitudes towards professionalism |
| Systems Based Practice | <ul style="list-style-type: none"> <input type="checkbox"/> Responsibility to patients, society, and the medical profession <input type="checkbox"/> Cooperation with the team |
| Interpersonal and Compassion | <ul style="list-style-type: none"> <input type="checkbox"/> Communications skills |
| <ul style="list-style-type: none"> <input type="checkbox"/> Compliance with examination policies | <ul style="list-style-type: none"> <input type="checkbox"/> Self-awareness <input type="checkbox"/> 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:

í X ACGME, Program Director