UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences
Student Pharmacist Professionalism Evaluation Form

Student Name __________________________ Course __________________________

Faculty Member ______________________ Quarter/Year ______________________

Faculty Signature ______________________ Date Discussed with Student ___________

The above mentioned student has not demonstrated the personal and professional behaviors necessary for meeting the standards of professionalism in pharmacy secondary to the following behaviors (check all that apply):

Unmet Professional Responsibility
☐ Has difficulty fulfilling academic and professional responsibilities or tasks in a reliable and timely manner
☐ Misrepresents or falsifies actions and/or information
☐ Is not punctual for professional obligations
☐ Other (Describe): __________________________

Lack of Effort Toward Self Improvement and Adaptability
☐ Appears defensive or resistant in accepting constructive feedback and/or criticism
☐ Demonstrates difficulty incorporating feedback in order to make changes in behavior
☐ Appears unaware of own inadequacies and limitations
☐ Demonstrates difficulty accepting responsibility for errors
☐ Shows signs of being overly critical or verbally abusive during times of stress
☐ Demonstrates arrogance
☐ Other (Describe): __________________________

Diminished Relationships with Patients, Peers, Faculty and Staff
☐ Has difficulty establishing rapport with fellow students, faculty, staff, or patients, in a learning or practice environment
☐ Has difficulty establishing and maintaining appropriate professional boundaries in work and learning situations
☐ Lacks empathy and demonstrates insensitivity to the needs of peers, patients, and/or others
☐ Shows signs of not functioning well within the health care team concept
☐ Other (Describe): __________________________

Upholding the Oath of a Pharmacist and University Policies and Procedures
☐ Does not demonstrate honesty
☐ Does not contribute to an atmosphere conducive to learning
☐ Does not treat with respect people from diverse races, genders, religions, sexual orientations, ages, disabilities or socioeconomic statuses
☐ Does not resolve conflicts in a manner that respects the dignity of every person involved
☐ Does not use professional language appropriate to the environment
☐ Does not protect patient confidentiality
☐ Does not dress in an appropriate and professional manner for the environment
☐ Does not use appropriate names and titles when addressing faculty and preceptors
☐ Other (Describe): __________________________

This section to be completed by student:

I have discussed this evaluation with the faulty member listed above.

________________________________________  __________________________________
Student Signature                        Date

The reporting faculty member should attach written comments providing elaboration of the circumstances leading to this report. The student should attach any written response they wish to submit.