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School of Pharmacy

Professionalism Evaluation Form (PEF)

This form is an addendum to Marshall University School of Pharmacy Policy and Procedure 200.006 – Ethical and Professional Conduct. Please complete this form if you believe meaningful, specific feedback (positive or negative) is warranted regarding the professional behavior of an MUSOP pharmacy student. *This form is to be submitted to either the Associate Dean of Academic and Professional Affairs or the Assistant Dean of Student Affairs for further recognition and action.*

Student Name:	
Location where observed behavior occurred:	
Date of incident:	
Name of Person originating PEF (Print):	
Title/role of individual originating the notification of concern:	

This PEF is a/an (please check one):

- Accommodation for exemplary professional service
- Notification of professional concern

Directions: Please mark the area that best describes your feedback regarding this student. Provide comments in the space provided on the back.

Integrity and Personal Responsibility: The student

- fulfills responsibilities reliably
- represents actions and/or information reliably
- accepts responsibility for actions
- respects patient confidentiality
- uses his/her professional position to the advantage of the patient
- other (Please describe in the place provided) _____

Motivation for Pursuit of Excellence: The student

- demonstrates personal commitment to honoring the needs of patients
- accepts criticism
- is aware of his/her limits
- considers making changes based on feedback

demonstrates an appropriate level of effort other

Personal Interactions- Compassion and Respect: The The student

- establishes rapport or empathy with patients or families
- functions and interacts appropriately within groups
- is sensitive to the needs, feelings, or wishes of others uses respectful language about others
- communicates effectively during times of stress
- maintains a professional appearance
- Other (Please describe in the place provided) ____

Detailed description of the events leading to the accommodation or notice of concern (a separate sheet may be attached):

Signature of individual reporting

For completion by the student:

I have read this evaluation and discussed it with the Associate Dean. My signature on this form is intended to verify that I have reviewed the form and is not an admission of guilt.

Student Signature

Date:

Student Comments (optional)