

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

**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. <https://med.virginia.edu>
3. University of California, San Francisco School of Medicine. Professionalism Praise Card