



Professionalism Report Form

First Name: _____ Last Name: _____ MD Class: _____

Name of Individual Filing Report: _____

Role (circle one): **STAFF** **FACULTY** **RESIDENT** **OTHER**

Brief Description of issue (please attach any supporting documentation. If description exceeds the space provided, please attach a separate Word document with the additional text):

The student needs further education or assistance with the following (select all that apply)*:

- | | |
|---|---|
| <p>1) Reliability and responsibility</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fulfilling responsibilities in a timely, reliable manner <input type="checkbox"/> Learning how to complete assigned tasks <input type="checkbox"/> Communicating in a timely manner <p>2) Self-improvement and adaptability</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accepting constructive feedback <input type="checkbox"/> Recognizing limitations and seeking help <input type="checkbox"/> Being respectful of colleagues and patients <input type="checkbox"/> Incorporating feedback in order to make changes in behavior <input type="checkbox"/> Adapting to change <p>3) Relationships with students, faculty, staff and patients</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establishing rapport <input type="checkbox"/> Being sensitive to the needs of patients | <ul style="list-style-type: none"> <input type="checkbox"/> Establishing and maintaining appropriate boundaries in work and learning situations <input type="checkbox"/> Relating well to fellow students in a learning environment <input type="checkbox"/> Relating well to staff in a learning environment <input type="checkbox"/> Relating well to faculty in a learning environment <p>4) Upholding medical students standards of behavior</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maintaining honesty <input type="checkbox"/> Contributing to an atmosphere conducive to learning <input type="checkbox"/> Respecting the diversity of race, gender, religion, sexual orientation, age disability or socioeconomic status <input type="checkbox"/> Using professional language and being mindful of the environment <input type="checkbox"/> Protecting patient confidentiality <input type="checkbox"/> Dressing in a professional manner |
|---|---|

Signature of individual filing report

Date Submitted

This section to be completed by the student and the Associate Dean for Student Affairs, Roxanne Vrees, MD.

Date of Discussion:

Comments/Plan (optional):

Student's Signature

Associate Dean's Signature