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)*:

1) Reliability and responsibility
   - Fulfilling responsibilities in a timely, reliable manner
   - Learning how to complete assigned tasks
   - Communicating in a timely manner

2) Self-improvement and adaptability
   - Accepting constructive feedback
   - Recognizing limitations and seeking help
   - Being respectful of colleagues and patients
   - Incorporating feedback in order to make changes in behavior
   - Adapting to change

3) Relationships with students, faculty, staff and patients
   - Establishing rapport
   - Being sensitive to the needs of patients

4) Upholding medical students standards of behavior
   - Establishing and maintaining appropriate boundaries in work and learning situations
   - Relating well to fellow students in a learning environment
   - Relating well to staff in a learning environment
   - Relating well to faculty in a learning environment
   - Maintaining honesty
   - Contributing to an atmosphere conducive to learning
   - Respecting the diversity of race, gender, religion, sexual orientation, age disability or socioeconomic status
   - Using professional language and being mindful of the environment
   - Protecting patient confidentiality
   - 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

Please email the completed form to the Associate Dean for Student Affairs, Dr. Roxanne Vrees (Roxanne_Vrees@brown.edu).

Revised 3/30/2020