Report of Concern for Unprofessional Behavior

Name of Student: ___________________________________________________________
Date of Record: ___________________________________________________________
Name of Individual Making Report: ___________________________________________
Department: __________________________ Phone: __________ Email: __________

Based on my personal observation and/or discussion with others, this student needs assistance in one or more of the following areas (circle all that apply):

1. Trustworthiness
   a. Act at all times in an ethical, responsible, and dependable manner
   b. Conduct oneself in accordance with the Drexel University College of Medicine Honor Code
   c. Maintain an honest approach to all activities

2. Reliability and Responsibility
   a. Complete all assigned tasks in a timely and responsible manner
   b. Arrive on time for scheduled activities and notify appropriate individual for missed activities
   c. Attend classes and other academic activities for their full duration and prepare appropriately for them
   d. Respond promptly to faculty or administration when contacted personally or electronically
   e. Admit errors and accept responsibility for one’s own actions
   f. Respond appropriately to others’ unprofessional or unethical behaviors
   g. Demonstrate self-motivation and accountability for one’s own learning

3. Self-Awareness
   a. Demonstrate ability to identify and address areas of deficiency in one’s own learning performance
   b. Accept supportive and constructive feedback and modify behavior accordingly
   c. Project a professional image through manner, dress, and communication (including electronic)
   d. Maintain composure during difficult interactions
   e. Monitor and compensate for personal biases that may interfere with professional duties
   f. Request help from appropriate support resources when needed
   g. Attend to one’s own well being

4. Team-Building and Communication
   a. Support communication, trust and accountability among team members
   b. Acknowledge the value of other members of the health care team in providing patient-centered care
   c. Treat fellow students, co-workers, faculty, administrators and staff with respect and sensitivity
   d. Provide supportive and constructive feedback to peers when appropriate
   e. Manage conflicts in a collegial manner

5. Patient-Centered Care
   a. Meet all clinical responsibilities
   b. Demonstrate respect, integrity, compassion and responsibility toward patients, even under difficult circumstances
   c. Refer to patients in a respectful and non-judgmental manner
   d. Maintain confidentiality of patient information
   e. Acknowledge limits of personal knowledge and skills within clinical setting
   f. Take on extra work when appropriate for the benefit of the patient
   g. Ensure that coverage for patients is provided for patients when unable to fulfill responsibilities
   h. Ensure that coverage for patients is provided for patients when unable to fulfill responsibilities

6. Other: _________________________________________________________________
Details of Incident/Behavior:  □ Attachment(s) provided.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Comments and Recommendations for change:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please select one of the following:

□ Moderate level of concern. Recommend counseling by the Associate Dean for Student Affairs or designee.

□ High level of concern. Recommend immediate assessment for formal education, remediation, sanction or other action.

□ I have discussed this report with the student

_________________________________________  ________________________
Signature of Individual Making Report  Date

____________________________________________________________________________________

This portion to be completed by Student

□ I have read this evaluation and discussed with the appropriate faculty or staff

_________________________________________  ________________________
Student Signature  Date

My comments are:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Send Completed Form to:  Amy Fuchs, M.D., Senior Associate Dean for Student Affairs,  Amy.Fuchs@DrexelMed.edu
Office of Student Affairs, 2900 Queen Lane, Philadelphia, PA 19129   Phone: 215-991-8221, FAX: 215-843-1766