**Quillen College of Medicine**

**Professionalism Report Form**

**Purpose:** *The primary purpose of the Student Professionalism Report is to assist the student in developing appropriate professional behaviors. The intent is to mold professional behavior – not to punish inappropriate behaviors. Additionally, in aggregate form, the rate of event reporting will be used as a measure of institutional success in accomplishing the Professionalism Commencement Objectives*.

**Student Name:****Class Year:** **Date:**

**Name of person completing form:****Course/Department:**

**Original Source of information:**

*Indicate which of the following categories of professionalism behaviors were involved. (Check all that apply)*

**Patient and Provider Communications**

|  |  |
| --- | --- |
| [ ]  | The student inappropriately disclosed patient information  |
| [ ]  | The student made inappropriate or public remarks about fellow students, members of the healthcare team and/or patients  |
| [ ]  | The student was dishonest in written or verbal communication  |
| [ ]  | The student failed to show respect for the diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status of fellow students, members of the healthcare team and/or patients  |
| [ ]  | The student failed to show sensitivity to the needs of the patient, the patient’s family and/or the health care team  |
| Other / Comments:  |
|  |

**Appearance, Attire**

|  |  |
| --- | --- |
| [ ]  | The student fails to wear clothing that is professional in appearance (appropriate to the culture of the institution as defined by the preceptor, the site dress code and professional norms)  |
| [ ]  | The student is not well groomed (poor bathing, malodorous, unkempt)  |
| [ ]  | The student fails to wear their name badge or white coat in appropriate situations  |
| Other / Comments:  |
|  |

**Reliability, Motivation and Responsibility**

|  |  |
| --- | --- |
| [ ]  | The student is disruptive to an atmosphere conducive to learning (e.g. giving disruptive, verbal or nonverbal cues of non-participation)  |
| [ ]  | The student does not complete assigned tasks in the given timeframe  |
| [ ]  | The student does not attend required activities  |
| [ ]  | The student is late to required activities or leaves before the conclusion of the activity  |
| [ ]  | The student fails to notify appropriate persons prior to missing required activities  |
| [ ]  | The student failed to adhere to test administration protocol |
| Other / Comments:  |
|  |

**Interpersonal Relationships**

|  |  |
| --- | --- |
| [ ]  | The student behaves in a manner that lacks respect, is uncooperative or is manipulative  |
| [ ]  | The student fails to establish and maintain appropriate boundaries in work and learning situations  |
| [ ]  | The student fails to show an appropriately sensitive, courteous and/or respectful manner with fellow students, staff, faculty and/or patients  |
| Other / Comments:  |
|  |

**Accepts Instruction and Feedback**

|  |  |
| --- | --- |
| [ ]  | The student actively rebuffs, avoids change, or does not recognize own limitations  |
| [ ]  | The student does not accept constructive feedback  |
| [ ]  | The student does not maintain professional composure in stressful situations  |
| Other / Comments:  |
|  |

**Integrity**

|  |  |
| --- | --- |
| [ ]  | Concern related to student integrity |
|  | *Concerns related to integrity may identify potential Honor Code violations.  These should be reported to the Honor Council. The policy and process can be found current Student Catalog.* [*http://www.etsu.edu/com/sa/admissions/collegeinfo/catalog.aspx*](http://www.etsu.edu/com/sa/admissions/collegeinfo/catalog.aspx) |
|  | *Honor Council Chair:* qcom-honor@mail.etsu.edu*Honor Council faculty advisor: Tom Ecay* *ecay@etsu.edu* |
| Other / Comments:  |

**Other problematic or unethical behaviors not listed above:**

**Date of Incident:**

**Description of the student’s behavior or event that occurred:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Did you provide feedback to the individual(s) named?  | [ ]  | [ ]  |
| Did you document the feedback? (*please attach any documentation*)  | [ ]  | [ ]  |
| Have you reviewed the contents of this report with the individual(s) named?  | [ ]  | [ ]  |
| Other / Comments:  |

***If completing electronically; please print and sign as indicated.***

**I have read this report and discussed it with the person completing this form:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitter’s Signature Date

*Submitted signed form to: Dr. Thomas Kwasigroch, Associate Dean of Student Affairs*

[ ] *Student written reply submitted*

**Procedures:**

1. Concerns related to student professional behaviors will be reported on the Student Professionalism Report form.
2. The report will be signed and submitted to the Associate Dean for Student Affairs who will forward a copy to the Executive Associate Dean for Academic Affairs.
3. The Associate Dean for Student Affairs will review each report and meet with the student who is the subject of the report on an individual basis. Past experience suggests that over 90% of such reports will be addressed with individual student counseling.
4. The judgment of the Associate Dean for Student Affairs will determine what further action or actions, if any, need to occur, including notification of the relevant clinical departmental chair, if appropriate. Based on the individual student meeting, the Associate Dean for Student Affairs may deem it appropriate to refer a student:
	1. for other counseling or treatment;
	2. to the Committee Supporting Student Health Students’ if the student’s behavior appears to be a reflection of a significant impairment;
	3. to the Student Promotion Committee if the student’s behavior raises significant concern about the student’s fitness to function as a physician;
	4. to the Honor Council if the student’s behavior represents a possible Honor Code violation;

Multiple or repeated reports regarding the same student my warrant other responses.

**Administrative Disposition:**

[ ] *Copy to Executive Associate Dean of Academic Affairs. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*[ ]  Student was counseled by Associate Dean of Student Affairs. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Copy of report forwarded to:*

*[ ]  Honor Council for appropriate action*

*[ ]  Promotions Committee for placement on next agenda*

*[ ]  Committee on Supporting Student Health for appropriate action Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*[ ]  Student was referred for additional counseling or treatment. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*MSEC approved: 10/16/2012; revised 11/13/12, 12/4/2012; 8/5/14*