

**PRITZKER SCHOOL OF MEDICINE  
MEDICAL STUDENT PROFESSIONALISM CONCERN REPORT**

**Directions:**

Please complete all fields. Report will be submitted to the designated faculty dean and will be visible to the student, the course/clerkship director or faculty dean completing the form.

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Student (Please print)

Class / Activity / Clerkship

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Name of course, clerkship director or faculty dean  
completing form (Please print)

Date

Which of the following unprofessional behaviors has the student exhibited? Check all that apply.

**1) Professional Responsibilities**

- a) Uses illicit substances
- b) Uses alcohol, non-prescription drugs or prescription drugs in a manner that compromises ability to contribute to patient care
- c) Fails to accept and internalize criticism and feedback
- d) Is unwilling to expand knowledge and competence
- e) Has inappropriate demeanor or appearance in the classroom or in the health care setting
- f) Fails to complete required tasks or requires constant reminders from staff/faculty
- g) Fails to notify appropriate staff in a timely manner of absences
- h) Fails to accept responsibility for own errors
- i) Consistently arrives late to commitments
- j) Repeatedly fails to respond to communications with staff, residents, faculty, or course/clerkship directors

**2) Professional Relationships**

- a) Engages in inappropriate relationships with patients
- b) Engages in inappropriate relationships with teachers, residents or faculty, thereby disrupting the learning environment
- c) Acts disrespectfully toward others
- d) Treats standardized patients disrespectfully
- e) Engages in disruptive behavior in class or with health care team

**3) Professional Ethic**

- a) Behaves in a dishonest manner
- b) Misrepresents self, others, or members of the team to others
- c) Breaches patient confidentiality
- d) Acts in disregard for patient welfare (e.g. willfully reports incomplete or inaccurate patient information)
- e) Takes credit for the work of others
- f) Misuses cadavers or other scientific specimens

**4) Violates official course or clerkship policy**

**Other:**

Describe in detail the incident which prompted the completion of this form (attach additional pages if needed).

Describe previous feedback and remediation which took place prior to the completion of this form (attach additional pages if needed).

**Date:** \_\_\_\_\_ **Student comments**

I acknowledge that I have reviewed this evaluation with the course/clerkship director or faculty dean and have the following additional comments:

Student Signature	Date
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**Date:** \_\_\_\_\_ **Additional Clerkship /Course Director/Faculty Dean Notes**

Faculty Signature	Date
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**Date:** \_\_\_\_\_ **Designated Faculty Dean's Notes (if applicable)**

Designated Faculty Dean Signature	Date
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