

California Northstate University College of Medicine Professionalism Concern Report (PCR)



Name of Person Being Reported: _____ This person is a: Student Faculty Staff

Name of Person Completing the PCR: _____ Date: _____

Which of the following unprofessional behaviors has the student exhibited? (Check all that apply):

Responsibilities

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

Relationships

- Engages in inappropriate relationships with patients
- Engages in inappropriate relationships with students, staff, residents, or faculty, disrupting the learning environment
- Acts disrespectfully towards others
- Treats standardized patients disrespectfully
- Engages in disruptive behavior in class or with health care team

Ethics

- Behaves in a dishonest manner
- Misrepresents self, others, or members of the team to another person
- Breaches patient confidentiality
- Acts in disregard for patient welfare
- Misuses cadavers or other scientific specimens
- Violation of official course or clerkship policy
- Other:

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

Additional Comments:

Printed Name: _____ Signature: _____ Date: _____

Student Comments:

I acknowledge that I have reviewed this evaluation with the course or clerkship director or Dean of Student Affairs and have the following comments:

Student's Signature: _____ Date: _____

If Appealed, Associate Dean of Student Affairs Comments or Dean of the College of Medicine Comments:

Associate Dean of Student Affairs' Signature: _____ Date: _____

Dean of the College of Medicine's Signature: _____ Date: _____

Additional Steps:

- Appealed by Student Date: _____
- Referral to Honor Council Date: _____
- Referral to Promotions Committee Date: _____

Attachments Included. Please describe: _____
