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).

If person is being reported is a student, please also complete page 2 and return to Office of Student Affairs.

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:

Please refer to the COM Ethics and Professionalism policy for additional details on process, timeline, and potential consequences.