Student Professionalism Concern Notification

Please complete this note if you have any concerns about the professional behavior of a pharmacy student. This concern notification is to be submitted to the Regional Dean or Associate Dean of Professional Affairs for further recognition.

Student Name ________________________________________________________________________
Campus:________________________________________
Date: ______________________________

Person originating the notification of concern:
________________________________________ ________________________________________
(print name)         (signature)

Title/role of individual originating the notification of concern: ________________________________

Please mark the area that best describes your concerns about this student. Provide comments in the space provided on the back.

Integrity and Personal Responsibility: The student
☐ does not fulfill responsibilities reliably
☐ does not represent actions and/or information reliably
☐ does not accept responsibility for his/her actions
☐ does not respect patient confidentiality
☐ uses his/her professional position to the advantage of the patient
☐ other ____________________________________________________

Pursuit of Excellence: The student
☐ does not demonstrate personal commitment to honoring the needs of patients
☐ does not accept criticism
☐ is not aware of his/her limits
☐ does not consider making changes based on feedback
☐ does not demonstrate an appropriate level of effort
☐ other ____________________________________________________

Personal Interactions - Compassion and Respect: The student
☐ does not establish rapport or empathy with patients or families
☐ does not function or interact appropriately within groups
☐ is not sensitive to the needs, feelings, or wishes of others
☐ does not use respectful language about others
☐ does not communicate effectively during times of stress
☐ does not maintain a professional appearance / attire
☐ other ____________________________________________________

Please describe the incident/reason for concern. (a separate sheet may be attached):

Adapted from UTMB SOM and UIC SOM.
Instructions for submission:
1. Meet with the student to review/discuss the concerns.
2. Sign below; if you meet with the student, ask the student to complete the student section below.
3. Forward this Notification of Concern to the respective Regional Dean

I have reviewed the contents of this Notification of Concern with the student

Signature ___________________________ Date ___________________

For completion by the student:

I have read this evaluation and discussed it with the originator. My signature on this form is intended to verify that I have reviewed the form with the individual submitting it.

Student Signature ___________________________ Date ___________________

Student Comments (optional)

_________________________________________________________________________________
_________________________________________________________________________________