

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) _____

