PROFESSIONALISM REPORT FORM

Name of Individual Filing Report:

Role (please circle): STAFF      FACULTY      STUDENT      RESIDENT      OTHER

Student Name:

Brief Description of Issue:

The student needs further education or assistance with the following (circle as many as apply)*:

1. **Reliability and responsibility**
   a. Fulfilling responsibilities in a reliable manner
   b. Learning how to complete assigned tasks
   c. Communicating in a timely manner

2. **Self-improvement and adaptability**
   a. Accepting constructive feedback
   b. Recognizing limitations and seeking help
   c. Being respectful of colleagues and patients
   d. Incorporating feedback in order to make changes in behavior
   e. Adapting to change

3. **Relationships with students, faculty, staff and patients**
   a. Establishing rapport
   b. Being sensitive to the needs of patients
   c. Establishing and maintaining appropriate boundaries in work and learning situations

   d. Relating well to fellow students in a learning environment
   e. Relating well to staff in a learning environment
   f. Relating well to faculty in a learning environment

4. **Upholding medical student standards of behavior**
   a. Maintaining honesty
   b. Contributing to an atmosphere conducive to learning
   c. Respecting the diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status
   d. Using professional language and being mindful of the environment
   e. Protecting patient confidentiality
   f. Dressing in a professional manner

*wording adapted from the UCSF School of Medicine Physicianship Evaluation form

This section to be completed by the student and the student’s Academy Director

Date of Discussion:

Comments/Plan (optional):

Academy Director
Signature:

Student
Signature:

Please submit all completed forms to the student’s Academy Director (Alexandra Morang or Emily Green) at 222 Richmond Street, Box G-M213 or G-M247, Alpert Medical School, Providence, RI 02912; or via fax: (401) 863-3801