

**Washington University School of Medicine  
Professionalism Concern Form**

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Student name (type or print legibly)

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Evaluator Name (type or print legibly)

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Course, if applicable (dept. or course title)

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Site (if applicable)

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Time Period of Concern

This student has exhibited one or more of the following behaviors that need improvement to meet expected standards of professional behaviors as outlined in the Professional Code of Conduct.

This student needs further education or assistance with the following: (circle all that apply):

**1. Professional responsibility**

- a. Attendance and punctuality
- b. Completing assignments on time (including course evaluations)
- c. Notification of absences for required activities
- d. Contributing to an atmosphere conducive to learning

**2. Competence and self improvement**

- a. Acceptance of feedback and constructive criticism
- b. Recognition of limitations and willingness to seek help
- c. Incorporation of feedback
- d. Adaptability to change
- e. Maintaining professional composure in stressful situations

**3. Respect for others and professional relationships**

- a. Establishing rapport
- b. Balancing the needs of patients with personal needs
- c. Establishing and maintaining appropriate boundaries in work situations
- d. Maintaining respectful and courteous manner with fellow students, faculty, staff, and patients
- e. Respecting the diversity of faculty, colleagues, and patients
- f. Resolving conflicts in a manner that respects the dignity of every person involved

**4. Honesty and integrity**

- a. Maintaining professional manner in language, deportment and appearance
- b. Respecting patient confidentiality
- c. Maintaining honesty and integrity

**5. Other**

(Please comment)

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Faculty/staff signature

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Date

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Phone number

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Course Master signature (if applicable)

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Date

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Phone number

This section to be completed by the student (optional). My comments are:

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I have read this evaluation and discussed it with the faculty member. (Required)

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Student signature

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Date

*Please return this form to the Student Affairs Office, Box 8077, upon completion.*