

## DGSOM Professionalism Concern Reporting Form

Students are expected to exhibit professional behavior throughout their medical school training. The student named below has exhibited one or more unprofessional behavior(s) that need remediation in order to meet standards of professionalism required for physicians.

This reporting form is to document concerns to a Course Chair or an Assistant or Associate Dean. Following receipt of the form, the Chair or Dean will meet with the student and follow the procedures below:

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Faculty Name \_\_\_\_\_ Course \_\_\_\_\_

The following professionalism issues (s) are being reported. Details describing the issue(s) are required.

- Repeatedly fails to respond to communications from staff, residents, faculty, or course/clerkship directors.
- Fails to complete required tasks on time (including failure to complete required course evaluations, not fulfilling onboarding requirements in a timely manner)
- Fails to notify appropriate staff in a timely manner about absences
- Consistently arrives late to commitments
- Behaves in a dishonest manner (including plagiarism, cheating, or signing in for a classmate)
- Breaches patient confidentiality
- Engages in inappropriate, disrespectful or disruptive behavior
- Other: \_\_\_\_\_

Detailed description of the circumstances or incident which prompted the completion of this form (attach additional pages if needed). Please include dates, settings, whether there are other individuals involved:

Describe feedback and/or remediation recommended (attach additional pages if needed):

Faculty Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student comments:**

*I acknowledge that I have reviewed this evaluation with the Course Chair or Dean and have the following additional comments:*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Clerkship /Course Director/ Dean Notes (including remediation if appropriate)**

Faculty Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Designated Dean's Notes (if applicable):**

Dean's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form may be forwarded on to additional entities as necessary (DGSOM Academic Performance Committee(s), the Committee of Academic Standing, Progress and Promotion (CASPP), UCLA Office of Student Conduct, UCLA Title IX Office, UCLA Discrimination Prevention Office, etc.)

To complete and submit this PCR, please send to Lee Miller, M.D., Associate Dean for Student Affairs at [ltmiller@mednet.ucla.edu](mailto:ltmiller@mednet.ucla.edu).