

University of South Alabama, College of Medicine Physicianship Early Concern (PEC) Note

Please complete and submit this form to report a behavior or attitude that does not reflect the performance standards expected for an undergraduate medical student and the medical profession. Submit this report to the Associate Dean for Medical Education and Student Affairs. Email the downloaded and completed .pdf file to sledoux@southalabama.edu or fax 460-6761

Name of Medical Student: _____ Date: _____

A. My concern about the performance, attitude or professional behavior of this medical student is based on:

- Single Incident Series or pattern of incidents Questionable behavior/attitudes
- Other _____

B. Check one or more areas for which a deficiency is observed:

- | | |
|---|--|
| <input type="checkbox"/> Compliant with examination policies and procedures | <input type="checkbox"/> Punctuality and attendance for group activities |
| <input type="checkbox"/> Altruism/responsiveness to patient needs that supersedes self-interest | <input type="checkbox"/> Accountability to patients, society, and the medical profession |
| <input type="checkbox"/> Honesty, integrity, and trustworthiness | <input type="checkbox"/> Leadership and cooperation |
| <input type="checkbox"/> Caring and compassion | <input type="checkbox"/> Communication and collaboration |
| <input type="checkbox"/> Respect for patients' and families' privacy, autonomy, and dignity | <input type="checkbox"/> Moral reasoning and ethical behavior |
| <input type="checkbox"/> Respect for superiors, colleagues, peers, and others | <input type="checkbox"/> Self-awareness/Recognizes own limitations |
| <input type="checkbox"/> Ability to create and sustain therapeutic relationships with patients and families | <input type="checkbox"/> Excellence and scholarship |
| <input type="checkbox"/> Places patient needs and welfare first | <input type="checkbox"/> Self-improvement/Commitment to ongoing professional development |
| <input type="checkbox"/> Accepts constructive criticism | |

C. Indicate if you discussed the incident/behavior/attitude with the student prior to filling this report: ___ Yes ___ No

D. Describe the concern in the text box below.

E. Reported by (print): _____ **Position** _____

Email: _____ Telephone: _____

F. Signature page

1. Student signature _____	_____
<i>Acknowledges consultation with the Associate Dean</i>	<i>Date (mm/dd/yyyy)</i>
2. Associate Dean's signature _____	_____
<i>Acknowledges consultation with student</i>	<i>Date (mm/dd/yyyy)</i>
3. Reporter's signature _____	_____
	<i>Date (mm/dd/yyyy)</i>

Adapted from:

1. ACGME, Program Director Guide to the Common Program Requirements, Chicago, IL, 2009
2. University of Virginia School of Medicine. Praise Card and Early Concern Card. www.med-ed.virginia.edu
3. University of California, San Francisco School of Medicine. Professionalism Praise Card

- 1 & 2. *Signatures of the student and the Associate Dean for Medical Education and Student Affairs will document the acknowledgement and discussion of the problem.*
3. *After the Early Concern Note is signed by the student and the Associate Dean Associate Dean for Medical Education and Student Affairs, the form will be co-signed by the reporter to document completion of the process.*