A close-up of a logo

AI-generated content may be incorrect.

**Professionalism Concern Form- PART A**

Please complete this form for any student whose professional behavior concerns you. Professionalism, a founding value of the Zucker School of Medicine, encompasses those attributes and behaviors that serve to maintain patient interests above physician self-interest and is described by the following seven dimensions: accountability, aspiring to excellence, conscientiousness, equanimity, integrity, patient-centeredness, and teamwork. <https://medicine.hofstra.edu/policy/student-affairs-professionalism.html>

Faculty, staff, or peers who observe a student behave in a way that raises concerns about professionalism are expected to address the behavior by doing one or both of the following, depending upon the nature of the behavior and what would be most helpful to the student, within a timely fashion, but preferably within one month:

* Provide verbal or written feedback to the student and inform them that you are submitting a professionalism concern.
* Faculty completing this form are expected to speak directly with the student and submit a description of the discussion on page 3.
* Completed forms should be submitted via email to: [som.professionalism@hofstra.edu](mailto:som.professionalism@hofstra.edu).

Please note that transparency and feedback are valued at ZSOM. Thus, anonymous reporting is discouraged. If you have concerns about your ability to give feedback to the student in question, please consult with the Chair of the Professionalism Committee prior to completing this form.

|  |  |
| --- | --- |
| **Student Name (first and last)** | **Name of person reporting (first and last)** |
| **Your role and relationship to this student** | **Your contact information (email and phone**) |
| **Course/Clerkship/Other** | **Site or location of the incident** |

Date of incident (m/d/yyyy):

Date of feedback discussion with student (if faculty member reporting) (m/d/yyyy):

Date of report (m/d/yyyy):

Please describe the incident. Describe the student’s behavior as specifically and objectively as you are able. Please include witnesses, if any.

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Please indicate which domains of professionalism were not upheld during this incident (check all that apply):

accountability

equanimity

teamwork

aspiring to excellence

integrity

conscientiousness

patient-centeredness

For examples of behaviors categorized by domain, click here: [Examples of Unprofessional Behavior](file:///\\HUSHARED\SHARED\Medicine\Examples%20of%20Unprof%20Behavior%20by%20Domain.docx)

Please describe your discussion with the student about this professionalism concern (if a faculty member reporting):

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***False Allegations***

Intentionally making false accusations can have a negative impact on the individuals involved and the community. An individual who knowingly and intentionally files a false complaint under this policy is subject to discipline.

Part A completed by:



Date form was discussed with Student:

**Student Attestation Form**

This form will be emailed to the student by the Professionalism Coordinator with a copy of the completed Professionalism Concern Form Part A. The student is expected to complete the attestation form and return it to [som.professionalism@hofstra.edu](mailto:som.professionalism@hofstra.edu) within 1 business day of date of email.

I,       , discussed the professionalism concern with

I,       , understand that I have 5 business days from date of email of Part A in which to respond by completing and submitting Part B of the Professionalism Concern Form to [som.professionalism@hofstra.edu](mailto:som.professionalism@hofstra.edu).

Failure to submit Part B in this time frame will result in the Chair of Professionalism Committee evaluating the concern without Part B.



**Professionalism Concern Form- PART B**  **Student Documents**

Part B must be completed by the student with identified professionalism concern within five business days from date of email of Part A.

Part B should be submitted to [som.professionalism@hofstra.edu](mailto:som.professionalism@hofstra.edu) for review by the Chair of the Professionalism Committee. Failure to submit Part B in this time frame will result in the committee continuing to evaluate concern without Part B.

Please document your account of the professionalism concern described above and the discussion that took place described in Part A:

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***False Allegations***

Intentionally making false accusations can have a negative impact on the individuals involved and the community. An individual who knowingly and intentionally files a false complaint under this policy is subject to discipline.



Date(m/d/yyyy):