

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

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 medical profession. Submit this completed form to the Associate Dean for Student Affairs to kroveda@southalabama.edu or fax 251 460 6761

Date: ____/____/____

Name of Medical Student: (first) _____ (last) _____

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/Attitude

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

Category	Description
Patient Care	<ul style="list-style-type: none"> <input type="radio"/> Non responsiveness to patient needs <input type="radio"/> Lack of Care and Compassion
Professionalism	<ul style="list-style-type: none"> <input type="radio"/> Non compliant with examination policies and procedures <input type="radio"/> Dishonesty <input type="radio"/> Disrespect for patients' and families privacy, autonomy and dignity <input type="radio"/> Disrespect for superiors, colleagues, peers and others <input type="radio"/> Inability to accept constructive criticism <input type="radio"/> Tardiness and/or lack of attendance for group activities <input type="radio"/> Unethical behavior <input type="radio"/> Lack of professionalism
Systems Based Practice	<ul style="list-style-type: none"> <input type="radio"/> Irresponsibility to patients, society and the medical profession <input type="radio"/> Lack of cooperation with the team
Interpersonal and Communication	<ul style="list-style-type: none"> <input type="radio"/> Lack of
Practice based learning and improvement	
Other	

C. Describe the concern and or incident in the space provided below:

D. I have met and discussed this incident/behavior/attitude with the student on the below date:

Date: ____/____/____ Student Please Initial here: _____

E. Reported by (print) _____ Position _____

F. Email: _____ Phone: _____

G. Signatures required

1. Student's signature: _____ Date: ____/____/____
Acknowledges consultation with the Associate Dean

2. Associate Dean's signature _____ Date: ____/____/____
Acknowledges consultation with the Student

3. Reporter's signature: _____ Date: ____/____/____

1 & 2. Signatures of the student and the Associate Dean for 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 Student Affairs, the form will be consigned by the reporter to document completion of the process

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