This report is prepared when a student exhibits behavior not consistent with Professional behavior and is intended to assist the student in meeting professionalism expectations in academic, professional or administrative settings. Improvement in the area(s) noted below is needed in order to meet the standards of professionalism inherent in being a pharmacist.

Check the appropriate category(ies). Comments are required.

Patient-Centered Care

- The student did not act in the best interest of the patient.
- The student did not demonstrate sensitivity to the needs, values or perspectives of patients, family members or caregivers.
- The student did not establish appropriate rapport with patients, family members or caregivers.
- The student did not demonstrate openness/responsiveness to the patient's ethnic and cultural background.
- The student did not respond to patient needs in a timely, safe or effective manner.
- Other unprofessional behavior related to Patient Centered Care:


Comments: (Describe the specifics of the incident-who, what, when, where)

Respect

- The student did not demonstrate respect for the rights of others in academic or professional settings.
- The student did not demonstrate respect in interactions with others.
- The student did not establish or maintain appropriate boundaries with patients, family members, fellow students, faculty or staff.
- The student did not demonstrate equal respect for all persons, regardless of, race, gender, religion, sexual orientation, age, disability or socioeconomic status.
- The student did not demonstrate respect for the confidentiality rights of patients or others.
- Other behavior that demonstrated lack of respect:


Comments: (Describe the specifics of the incident-who, what, when, where)
Integrity
- The student provided false information in an academic, professional or administrative setting.
- The student acted outside the scope of his/her role in an academic, professional or administrative setting.
- The student presented the work of others as his/her own.
- The student used his/her professional position for personal advantage.
- The student used the physical or intellectual property of others without permission or attribution.
- Other behavior that demonstrated lack of integrity:

Service
- The student did not function collaboratively within the health care team.
- The student did not demonstrate sensitivity to the requests of the health care team.
- The student did not demonstrate the ability to collaborate with students, faculty and staff in a learning environment.
- Other behavior that impeded collaboration:

Responsibility
- The student was tardy, absent, and/or misses deadlines/appointments.
- The student was disruptive or rude.
- The student needed continual reminders in the fulfillment of responsibilities.
- The student did not accept responsibility for his/her actions, recommendations or errors.
- The student could not be relied upon to complete his/her responsibilities in a timely manner.
- The student did not adhere to policies, procedures and/or instructions.
- The student did not dress in attire appropriate for a patient care setting.
- Other irresponsible behavior:

Comments: (Describe the specifics of the incident-who, what, when, where)
Responsiveness & Adaptability
- The student was resistant or defensive when provided with constructive feedback.
- The student did not demonstrate awareness of his/her own limitations and/or willingness to seek help.
- The student resisted adopting recommendations from faculty or others to improve learning or performance.
- The student did not demonstrate adaptability in a patient care or classroom environment.
- Other behavior that impeded self-improvement:

Comments: (Describe the specifics of the incident—who, what, when, where)

Recommendations and/or requirements for remedying the Professionalism Concerns listed on this report.

This section is to be completed by the student (optional).

Comments: (use back or attach additional information if desired)

I have read this evaluation and discussed it with the Course Coordinator/Program Director/Associate Dean.

Student signature ___________________________ Date ___________________________

Your signature indicates that you have read the report, and it has been discussed with you. It does not represent your agreement or disagreement with the PCR. If you disagree or want to comment, you are encouraged to comment in the space below.

The PCR will become part of your academic file.