



uOttawa

Université d'Ottawa
Faculté de médecine
University of Ottawa
Faculty of Medicine

University of Ottawa Faculty of Medicine

Professionalism Concern Form

This form can be completed by any person in contact with a medical student in any official capacity including faculty, staff, allied health, patients, students and community members.

The purpose of this form is to initiate a meeting between a medical student and the Associate Dean, Undergraduate Medical Education.

Student name (please print): _____

Date event occurred: _____

A medical student of the University of Ottawa Faculty of Medicine is expected to live by the tenets of the Declaration of Professionalism and demonstrate in her/his behaviors as a medical student

- **Honesty and Integrity**
- **Altruism and Respect**
- **Responsibility and Accountability**
- **Compassion and Empathy**
- **Dedication and Self-Improvement**

In my opinion, the student named above has demonstrated behaviors(s) that fall below the expected standards of professionalism of our Faculty of Medicine, as indicated during the event described below:

Details of unprofessional behavior:

This event was discussed with the student: YES NO

Form completed by (please print) _____

Title (if applicable) _____

Contact information (if further details required) _____

THIS FORM SHOULD BE SENT (marked confidential) TO:

Dr. M. Forgie, Associate Dean Undergraduate Medical Education, Faculty of Medicine,
University of Ottawa, 451 Smyth Road room 2038A, Ottawa, ON, K1H 8M5
PHONE: 613-562-5800 ext. 8561