

*Mercer County Community College*  
*Division of Health Professions*  
*Nursing Program*

**Faculty Concern Form**

**Student Name:** \_\_\_\_\_

**Student ID#** \_\_\_\_\_

**Academic Concerns**

- ☐ Missing assignments
- ☐ Multiple assignments submitted past due date
- ☐ Written work below expectations for college level writing
- ☐ Exam performance below expectations
- ☐ Performance on medication calculations below expectations
- ☐ Potential violation of academic integrity
- ☐ Student is in danger of failing course academically
- ☐ Other: \_\_\_\_\_

**Clinical/Lab Issues**

- ☐ Unsatisfactory plan for clinical day
- ☐ Unprepared and/or missing clinical equipment
- ☐ Performance of skills below level of expectation
- ☐ Multiple absences that threaten successful completion of course objectives
- ☐ Unsafe clinical practice
- ☐ Student is in danger of failing course clinically
- ☐ Other: \_\_\_\_\_

**Professional Issues**

- ☐ More than one unexcused absence
- ☐ Chronic tardiness
- ☐ Violation of dress code
- ☐ Poor personal hygiene
- ☐ Behaviors disruptive to the learning of others and/or conduct of class
- ☐ Theft or mistreatment of school facilities or property
- ☐ Failure to report or take responsibility for clinical error
- ☐ Performing tasks outside the scope of a student role
- ☐ Sharing access codes, logins, passwords or keys with others
- ☐ Use of chewing gum or tobacco while in patient care area/clinical site
- ☐ Non-approved use of cell phone or other electronic device in clinical area
- ☐ Other: \_\_\_\_\_

***The following professional issues trigger an automatic referral to Dean of Health Professions***

- ☐ Disrespectful or abusive language towards faculty, staff, peers, or clients
- ☐ Threatening behaviors or language, harassment
- ☐ Physical violence
- ☐ Abuse, neglect, or abandonment of client
- ☐ Discrimination in client care
- ☐ Fraudulent activity, including misrepresentation of self and falsification of documentation
- ☐ Behaviors that can or could compromise client safety
- ☐ Violation of patient confidentiality or failure to safeguard protected health information
- ☐ Suspicion of being impaired in clinical setting, e.g. alcohol or drug use, significant sleep deprivation
- ☐ Failure to comply with previous action plans
- ☐ Multiple faculty concern forms completed within one semester
- ☐ Other: \_\_\_\_\_

Please provide a detailed description of incident or problem, including dates, times, and locations when possible.

[illegible]

## Outcomes

Student is referred to:

- ☐ Academic learning center
- ☐ Writing center
- ☐ Nursing tutor
- ☐ MCCC College Counselors for personal issues
- ☐ MCCC Student Success Coach
- ☐ Other: \_\_\_\_\_

### **Clinical and Professional Behaviors**

Specific change required: \_\_\_\_\_

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- ☐ Student has been counseled on the behavior change(s) required and has contracted with faculty to change behaviors, as outlined above. Failure to comply with mutually agreed upon goals may result in further disciplinary actions, including referral to Dean of Health Profession, Academic Integrity Committee, and/or program dismissal.

Date of student counseling session: \_\_\_\_\_

### **Additional Professional Behaviors Outcomes**

- ☐ No additional referral recommended at this time (subject to change by review of Director of Nursing Education)
- ☐ Immediate removal from clinical recommended (subject to review by program director and/or Dean of Health Professions)
- ☐ Referral to Dean of Health Professions
- ☐ Referral to Dean of Student Services
- ☐ Referral to Academic Integrity Committee

Form Completed By:

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Faculty Name (printed)

Faculty Signature

Date

### Student Acknowledgement

Input: \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## Student Acknowledgement

- ☐ I acknowledge that I have been advised of my faculty member's concerns over my performance.
- ☐ I have been counseled on the clinical and/or professional behavior change that is required for successful completion of this course and I agree to proposed plan.
- ☐ I understand that I am in danger of failing the course from an academic or clinical point of view.

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Student Name (printed)

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Student Signature

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Date