



NOMINATION FORM

FOR

The AUB-FM Humanism and Professionalism PHYSICIAN Award

The nominee should have been with AUBMC for at least 3 years and should possess a good number of the criteria/values/behaviours presented below. Kindly indicate which ones by checking the box next to the criteria that apply and show evidence of their application. Thank you.

I would like to nominate Dr. _____

CRITERIA	Evidence in action
Behavior/attitude which affects fellow clinicians, staff, students, and patients.	Evidence in action
Serves as a role model—illustrates professional behavior by example	
Is willing to help others and, when necessary, willing to seek help from others	
Maintains composure in difficult situations	
Respects punctuality	
Completes tasks reliably	

	Does not use derogatory language	
	Engenders trust and confidence	
	Admits errors/omissions	
	Displays active service to the community and medical organization with evidence of leadership	
	Behavior/attitude which affects patients.	Evidence in action
	Displays effective communication and listening skills—good rapport with patients irrespective of their socio-economic class	
	Is sensitive to the patients' psychological well-being	
	Ensures continuity of patient care and follow-up	
	Demonstrates compassion and empathy in the delivery of care	
	Maintains patient confidentiality	
	Effectively identifies emotional concerns of patients	

	and family members	
	Behavior/attitude which affects students.	Evidence in action
	Is patient with students	
	Is a good role model	

The prestigious *AUB-FM Physician/Resident Humanism and Professionalism Award* honors qualities of compassionate care and selfless dedication to excellence. It is granted to a physician/resident who exemplifies the humane and professional aspects of medicine, who is exceptionally proficient, compassionate, kind, responsible and concerned for the welfare of patients, colleagues, staff and students; is a remarkable role model; is self-reflective about his/her own continuing development as physician; and reveals integrity and professionalism in all he/she does.

Name: _____

Signed: _____ Date: _____

Disclaimer:

I am making this nomination free of any influence/conflict of interest that might jeopardize this process.

(Please return this form to Mrs. Boushra Rahal, Medical Dean's Office by February 29, 2016).