






Meeting Minutes

Committee	FoMD Faculty Council		
Members:	Dr. B. Hemmelgarn (Chair) As set out in the <i>Post Secondary Learning Act</i> <i>Quorum is represented by those faculty members member present.</i>	Date :	November 15, 2022
		Time:	4:00pm
Called to Order:	4:05pm	Location:	Via Zoom
Guests	None	Scribe:	Erin Neil
Approval of agenda	Approved by consensus with no additions.		
Approval of previous meeting Minutes	Date: September 20, 2022 MOVED by J. Schulz and SECONDED by H. Ostergaard to approve the minutes as circulated. ALL IN FAVOUR. CARRIED.		
Meeting Attachments:	All attachments provided via email September 6, 2022		

Topic	Summary	Action by whom	Target Date	Status
1. Dean's Report	<p>Dr. B. Hemmelgarn provided update:</p> <ul style="list-style-type: none"> Order of Canada recipients: <div style="text-align: center;">  #1 Order of Canada .pdf </div> Spoke to the awards ceremony for the Top Forty under Forty. Invictus Report – Invictus was the company that the Government had contracted with to do a review of academic medicine and funding evaluation in April 2021. The report was finalized in August 2022 and shared with the University of Alberta and the University of Calgary. Positive report – one of the recommendations was an expansion of the AMHSP to non-AMHSP departments. The report is now back with the Government and additional meetings will be scheduled. Spoke to the cohort hire – had approval from the Provost for 10 new Assistant Professor positions within FoMD – have moved forward with the first 5 within basic science departments. 			
2. Strategic Planning	<p>Dr. H. Ostergaard/L. Mardhani-Bayne presented:</p> <div style="text-align: center;">  #2 BUILDING OUR NEXT STRATEGIC PL </div>			
3. Vice-Deans Research				
a. Update	<p>Dr. L. Richer provided clinical update:</p> <ul style="list-style-type: none"> In the process of hiring a manager – clinical trials unit – further updates to be provided. <p>Dr. R. Lehner provided basic science update:</p>			

Topic	Summary	Action by Whom	Target Date	Status
	<ul style="list-style-type: none"> • Mark Taylor is now a Senior Research Partner in the College of Health Sciences. • New Director of the Office of Research is Dr. Gonzalo Vilas. • Will be appointing a new Director of Research Facilities. • Encouraged everyone to read the E-Bulletins that contain important information on grants. 			
4. Vice-Dean Education				
a. Update	<p>Dr. Lang provided update:</p> <ul style="list-style-type: none"> • Spoke to awards and will be return to an in-person event to celebrate teaching. • Presented the Class of 2022 Fall Graduands for Approval:  <p>3. Vice Dean Education Report F2</p> <p>Motion: THAT Faculty Council Approve the proposed Class of 2022 Fall Graduands lists that appear in this presentation. Moved by: M. Lang and Seconded by S. Patterson.</p>			
b. MD Admissions Update: Entering Class Statistics	<p>Dr. L. Stovel presented:</p>  <p>#4 MD Admissions LStovel.pdf</p>			
c. MD Program Accreditation Update	<p>Dr. J. Rodger provided update:</p> <ul style="list-style-type: none"> • Completed 3 day virtual site visit in the mid October. • Site team will be in Edmonton in approximately 2 weeks. • Report will not be available until next Spring. 			
5. Vice-Dean Faculty Affairs				
a. Update	<p>Dr. D. Kunimoto provided update:</p> <ul style="list-style-type: none"> • Reminded everyone to complete their annual report. 			
b. Office of Professionalism Annual Report	<p>Dr. P. Smyth presented:</p>  <p>#5 Office Prof Annual Report.pdf</p>			
6. Announcements	Adjourned at 5:36pm			
Next Meeting	March 15, 2023			

Dean's Report

Dr Brian Sykes

Dr Steve Hruddy

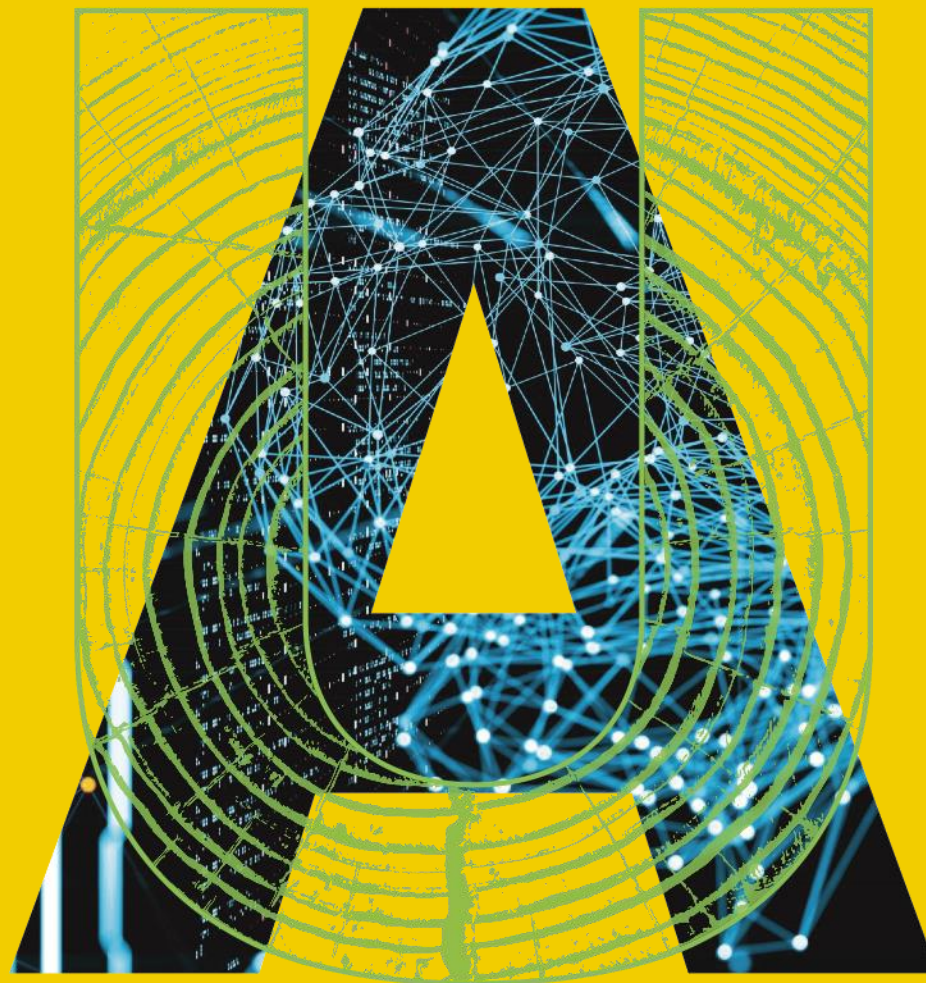
Order of Canada



BUILDING OUR NEXT STRATEGIC PLAN



UNIVERSITY
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Our goal:

The University Strategic Plan is an opportunity to define our hopes and ambitions, to determine how best the U of A can lead with purpose, and how best we focus our attention toward shared goals.

Meet the Steering Committee

Chair: Dr. Verna Yiu, Interim Provost & Vice-President (Academic)

Aminah Robinson Fayek, Vice-President (Research & Innovation)

Todd Gilchrist, Vice-President (University Services & Finance)

Greta Cummings, College Dean, College of Health Sciences

Joe Doucet, College Dean, College of Social Sciences and Humanities

Matina Kalcounis-Rueppell, College Dean, College of Natural & Applied Sciences

Demetres Tryphonopolous, Dean, Augustana Campus

Cen Huang, Vice-Provost and Associate Vice-President (International)

Heather Bruce, Professor, Faculty of ALES, AASUA representative to the Board of Governors

Sara Dorow, Professor, Faculty of Arts

Andy Knight, Professor, Faculty of Arts

Jessica Kolopenuk, Assistant Professor, Faculty of Native Studies

Valentina Kozlova, Teaching Professor, Faculty of Arts

Hanne Ostergaard, Professor, Faculty of Medicine and Dentistry

Hongbo Zheng, Professor, Faculty of Engineering

Wayne Clark, Executive Director, Indigenous Health Initiatives, Faculty of Medicine and Dentistry

Jillian Pratt, President, Non-Academic Staff Association

Christian Fotang, Vice-President (External), Students' Union

Janmejay Rao, Vice-President (External), Graduate Students' Association

Consultation overview

- **Phase one: November – December 2022**
 - Broad, thematic input:
 - What are we proudest of?
 - Where do we need to improve?
 - What can we imagine ourselves accomplishing – for a better university, a better Alberta, and stronger relationships with our communities?
 - Engaging internal and external stakeholders

Consultation overview

- **Phase two:** early 2023
 - Release of “What We Heard” document
 - Focused input to validate and deepen key themes
- **Spring 2023:** Draft Strategic Plan submitted to GFC and the Board

Participate this fall

- **Online at ualberta.ca/strategic-plan:**
 - Read the Environmental Scan
 - Submit written input
- **In person:**
 - Roundtable discussions – in every faculty and VP portfolio, plus other constituencies and focus areas
 - GFC, beginning November 14
 - Students' Council, GSA Council
 - Internal committees across the university
 - More ideas? Send to provost@ualberta.ca

Participate in phase two, 2023

- **Town hall discussions**
 - See and respond to “What We Heard”
- **Online surveys**
 - Focused to develop key themes
- **Governance bodies and committees across the university**

Questions and discussion



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Discussion questions (1)

- When you think about the University of Alberta and what it does particularly well, **what achievement or practice makes you most proud?**
- Conversely, where does the University **most need to improve?**
- What do you think are **the main economic and socio-political changes** that will be affecting higher education, society, and the environment over the next ten to fifteen years?

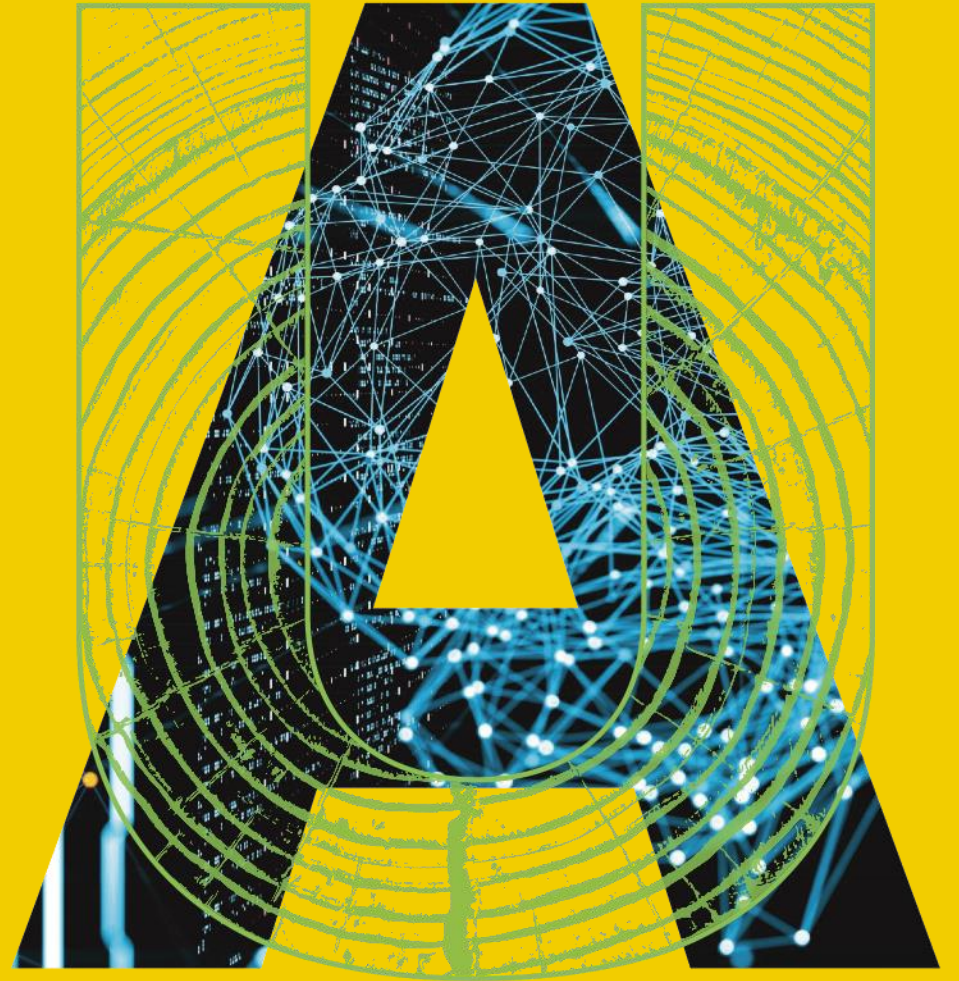
Discussion questions (2)

- What's the **greatest thing you could imagine the university accomplishing** over the next 20 years?
- How does the University of Alberta most directly **meet the needs of the people and the world it serves**?
- **What measures** (including investments in people, resources, and programs) **could the university take to improve our university?** How would taking these measures translate into a better university, a better Alberta, and stronger relationships with Indigenous nations?

Vice Dean Education Report



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New Business

**Acting Vice-Dean of Education
Mia Lang, MD, PhD, FRCPC**

Class of 2022
Fall Graduands for Approval



Bachelor of Medical Science (Dentistry)

Class of 2022 Fall Graduands

ATIAH, Nafisa

HENNIG, Cody Kevin

HUANG, Yiyi

HUDSON, David Bridge

IMMEL, Riley Jordan

JAWHARI, Elyan

KAUR, Jasleen

MA, Xin Ran

MASON, Allora Brynn

MCCOURT, Adam Nicholas

PERICH, Katrine Elise Marie

VOICU, Paul

WANG, Tanisha Jiakun



Certificate in Biomedical Research

Class of 2022 Fall Graduands

FUHR, Landon Jonah

OSMANI, Mohammad Rafay



Motion:

THAT Faculty Council **Approve** the proposed **Class of 2022 Fall Graduands** lists that appear in this presentation.

Move:

Second:

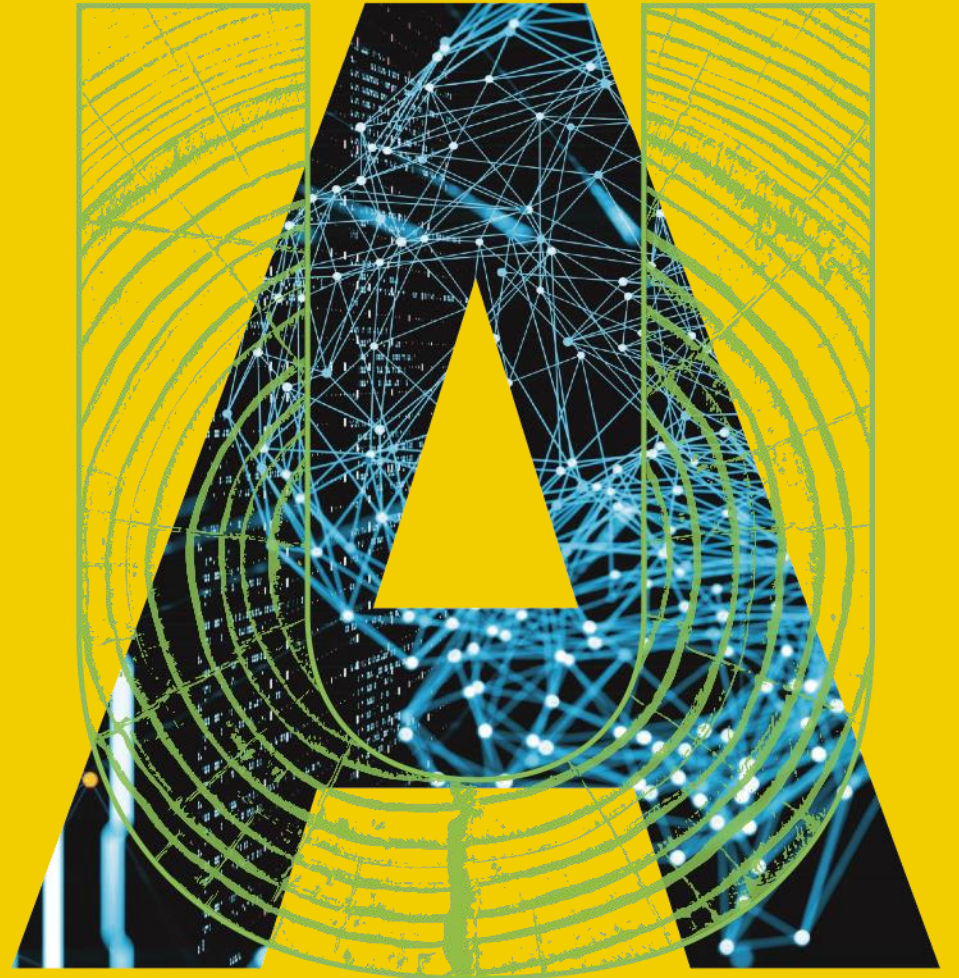


MD Admissions Update

Dr. Laura Stovel
November 15, 2022



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565 candidates
367 interviewers
150 volunteers
16 staff

MD Admission Interviews: March 19-20, 2022

All interviews successfully completed via Zoom video-conferencing

Planning for same format for March 18-19, 2023

lstovel@ualberta.ca

MD Admissions Streams

Albertan Applicants

Application Year	Submitted Applications	Interviewed	Admitted
2021-2022	1140	498	146
2020-2021	1153	460	154
2019-2020	1045	453	149
2018-2019	918	439	163
2017-2018	928	450	154
2016-2017	997	460	150

Non-Albertan Applicants

Application Year	Submitted Applications	Interviewed	Admitted
2021-2022	502	67	16
2020-2021	651	80	10
2019-2020	570	59	11
2018-2019	572	72	8
2017-2018	675	76	9
2016-2017	555	64	13

Indigenous Applicants

Application Year	Submitted Applications	Interviewed	Offered	Admitted
2021-2022	33	16	13	8
2020-2021	28	20	12	8
2019-2020	25	16	13	9*
2018-2019	22	14	13	11**
2017-2018	17	11	10	6***
2016-2017	18	10	5	3

**Quota removed, admission offered to all eligible Indigenous candidates who have been recommended by the Indigenous Admissions Subcommittee (IAS)*

***Decanal decision to offer admission to eligible Indigenous candidates, recommended by the IAS, above the quota of 5*

****5 quota positions and 1 position through Alberta pool*

Black Applicants

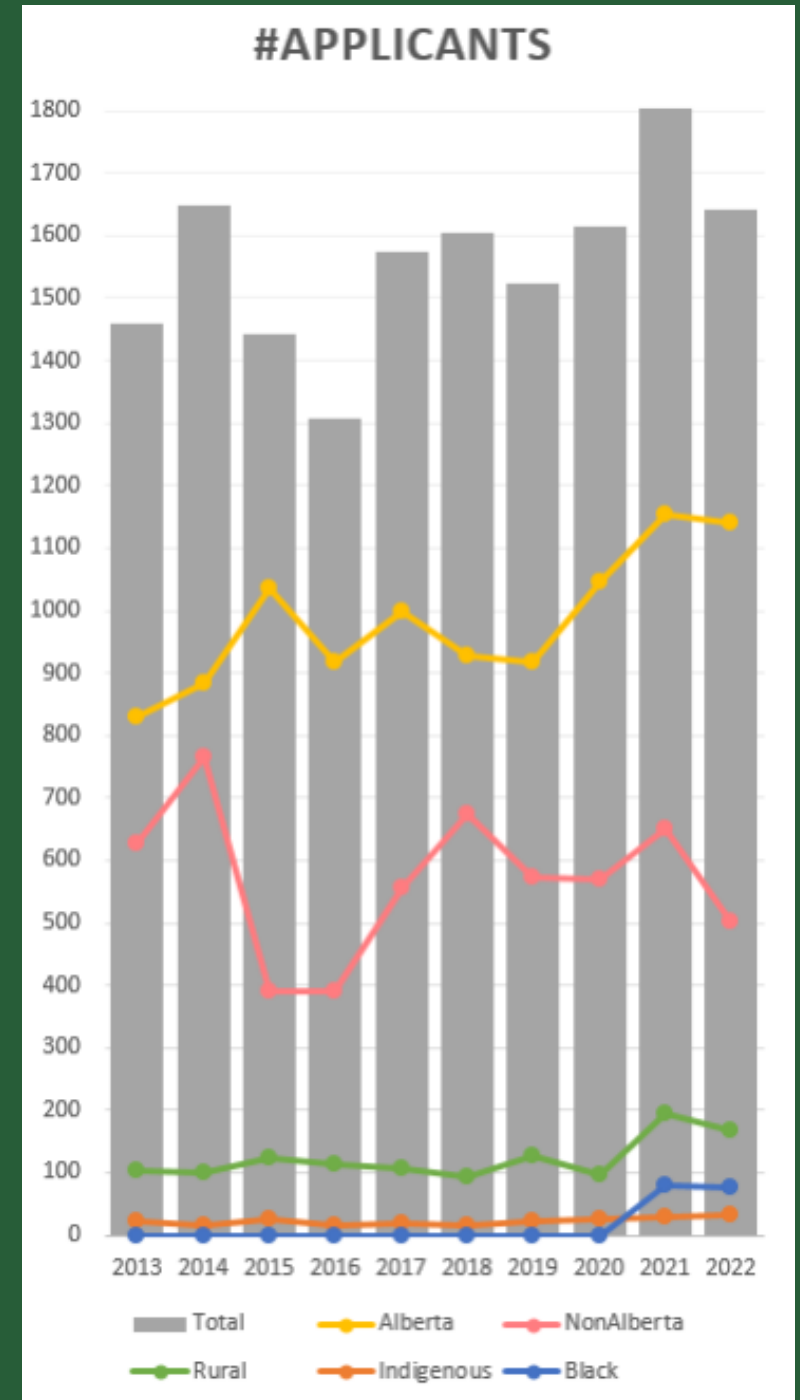
Application Year	Submitted Applications	Interviewed	Offered	Admitted
2021-2022	76	42	6	4
2020-2021	80	29	8	6

Rural Applicants

Application Year	Submitted Applications	Interviewed	Admitted
2021-2022	167	140	22
2020-2021	194	192	39
2019-2020	99	95	23
2018-2019	139	108	33
2017-2018	90	73	26
2016-2017	104	76	22

Applications

	Application Year									
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Alberta	831	885	1036	916	997	928	918	1045	1153	1140
NonAlberta	627	764	391	391	555	675	572	570	651	502
Rural	102	101	124	115	105	93	127	95	193	167
Indigenous	21	14	27	14	18	17	22	25	28	33
Black	nd	nd	nd	nd	nd	nd	nd	nd	80	76
Total	1458	1649	1441	1308	1573	1604	1523	1615	1804	1642



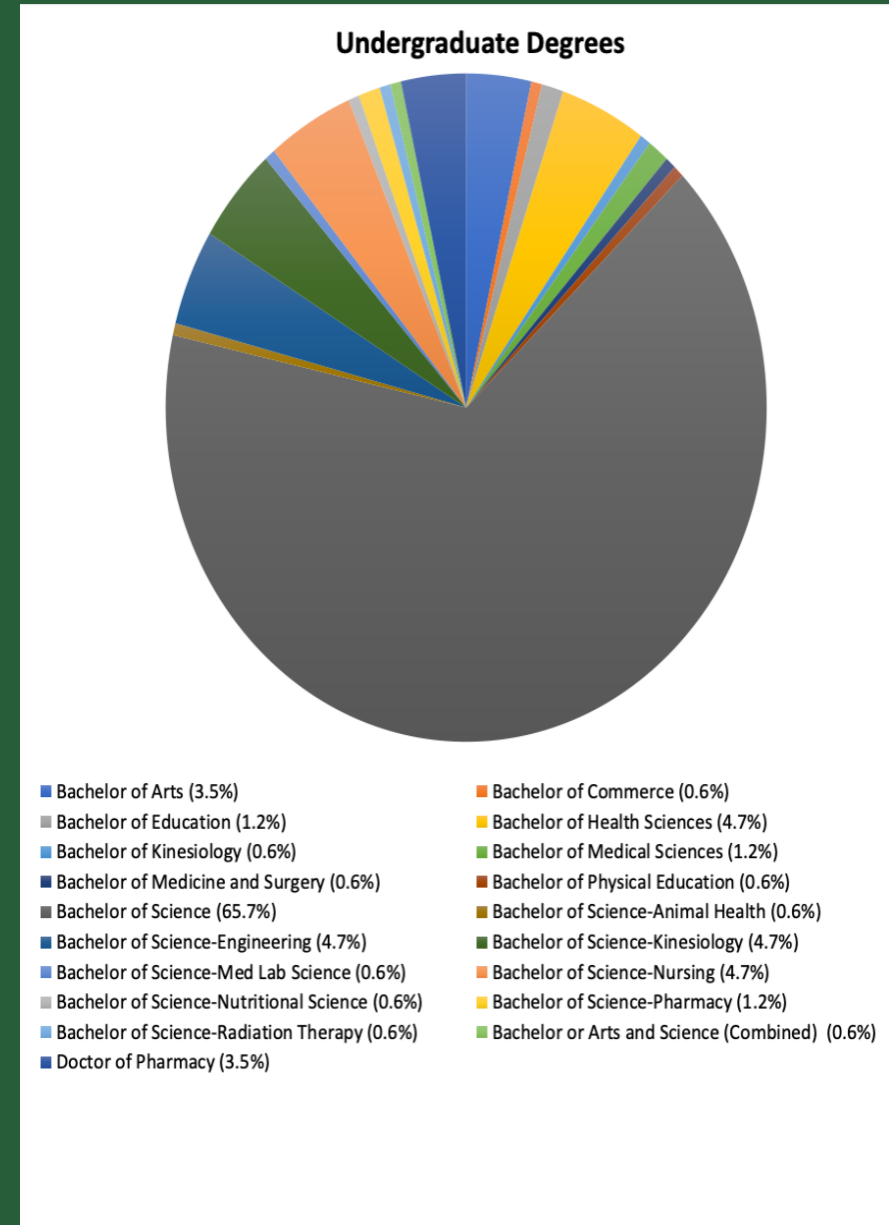
C2026 Entering Class Statistics

C2026 Undergraduate Degrees

Undergraduate Degree School	Count
AB	122
University of Alberta	85
University of Calgary	32
University of Lethbridge	2
MacEwan University	3
BC	6
University of Victoria	1
Vancouver Island University	1
University of British Columbia	4
ON	27
McMaster University	3
Queen's University	4
University of Guelph	2
University of Ottawa	3
University of Toronto	10
University of Waterloo	1
University of Western Ontario	2
University of Windsor	1
York University	1
QC	5
McGill University	5
NB	1
Mount Allison University	1
NS	2
Acadia University	1
Dalhousie University	1
MN	3
Brandon University	1
University of Manitoba	2
SK	3
University of Regina	1
University of Saskatchewan	2
INT	3
Mashhad University of Medical Sciences	1
Postgraduate Institution of Medical Education and Research	1
University of Khartoum	1
Grand Total Schools	27

Undergraduate Degree	#Degrees
Bachelor of Arts (3.5%)	6
Bachelor of Commerce (0.6%)	1
Bachelor of Education (1.2%)	2
Bachelor of Health Sciences (4.7%)	8
Bachelor of Kinesiology (0.6%)	1
Bachelor of Medical Sciences (1.2%)	2
Bachelor of Medicine and Surgery (0.6%)	1
Bachelor of Physical Education (0.6%)	1
Bachelor of Science (65.7%)	113
Bachelor of Science-Animal Health (0.6%)	1
Bachelor of Science-Engineering (4.7%)	8
Bachelor of Science-Kinesiology (4.7%)	8
Bachelor of Science-Med Lab Science (0.6%)	1
Bachelor of Science-Nursing (4.7%)	8
Bachelor of Science-Nutritional Science (0.6%)	1
Bachelor of Science-Pharmacy (1.2%)	2
Bachelor of Science-Radiation Therapy (0.6%)	1
Bachelor or Arts and Science (Combined) (0.6%)	1
Doctor of Pharmacy (3.5%)	6
Grand Total Degrees	172

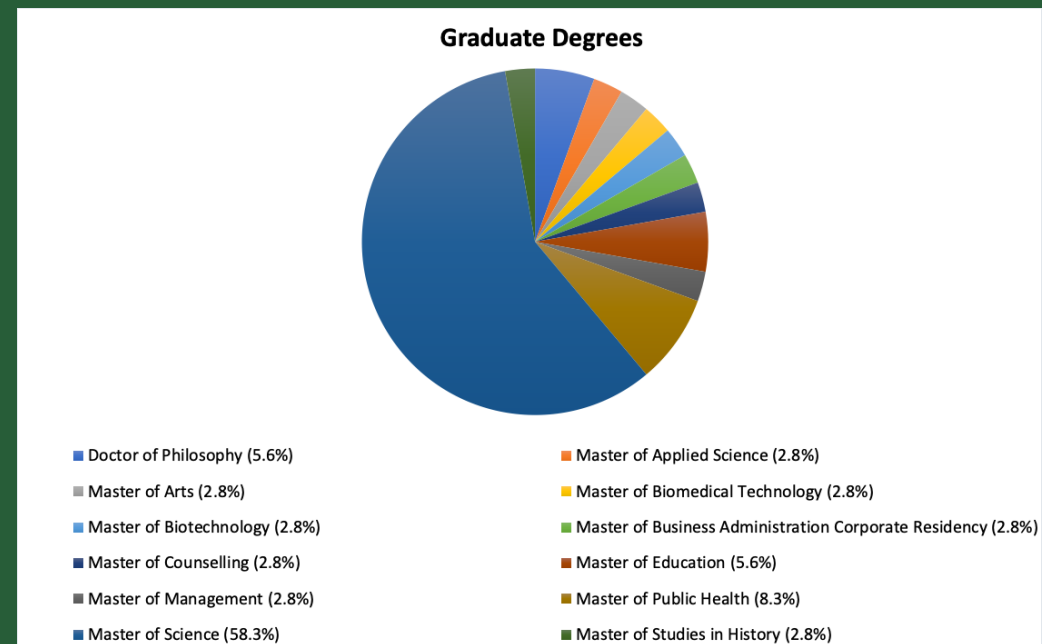
Undergraduate School Location	Count
AB	122
BC	6
INT	3
MN	3
NB	1
NS	2
ON	27
QC	5
SK	3
Total	172



C2026 Graduate Degrees

Graduate School	Count
AB	15
University of Alberta	10
Athabasca University	1
University of Calgary	4
BC	2
University of British Columbia	1
Simon Fraser University	1
ON	8
McMaster University	1
University of Guelph	1
University of Ottawa	1
University of Toronto	4
University of Western Ontario	1
QC	2
McGill University	2
NS	1
Dalhousie University	1
INT	3
City University of Seattle	1
Indira Gandhi National Open University	1
University of Oxford	1
Grand Total Schools	15

Graduate Degree	#Degrees
Doctor of Philosophy (5.6%)	2
Master of Applied Science (2.8%)	1
Master of Arts (2.8%)	1
Master of Biomedical Technology (2.8%)	1
Master of Biotechnology (2.8%)	1
Master of Business Administration Corporate Residency (2.8%)	1
Master of Counselling (2.8%)	1
Master of Education (5.6%)	2
Master of Management (2.8%)	1
Master of Public Health (8.3%)	3
Master of Science (58.3%)	21
Master of Studies in History (2.8%)	1
Grand Total Degrees	36



Entering Class Data

	Alberta		NonAlbertan		Indigenous		Rural		Black		All Accepted	
	Students	146	Students	16	Students	8	Students	22	Students	4	Students	160
	Male	59	Male	6	Male	3	Male	8	Male	1	Male	65
	Female	87	Female	10	Female	5	Female	14	Female	3	Female	95
Age	Max	41.55	Max	30.52	Max	41.55	Max	37.00	Max	27.84	Max	41.55
	Average	25.51	Average	26.07	Average	26.24	Average	27.51	Average	23.75	Average	25.59
	Median	24.32	Median	26.08	Median	24.17	Median	26.59	Median	22.93	Median	24.54
	Mode	24.58	Mode	#N/A	Mode	#N/A	Mode	#N/A	Mode	#N/A	Mode	27.16
	Min	21.18	Min	21.78	Min	21.78	Min	21.30	Min	21.30	Min	21.18
cGPA	Max	4.00	Max	4.00	Max	4.00	Max	4.00	Max	3.88	Max	4.00
	Average	3.86	Average	3.81	Average	3.71	Average	3.82	Average	3.70	Average	3.85
	Median	3.91	Median	3.81	Median	3.72	Median	3.85	Median	3.77	Median	3.90
	Mode	4.00	Mode	3.66	Mode	#N/A	Mode	4.00	Mode	#N/A	Mode	4.00
	Min	3.32	Min	3.46	Min	3.41	Min	3.48	Min	3.38	Min	3.32
MCAT	Max	525.00	Max	526.00	Max	523.00	Max	523.00	Max	512.00	Max	526.00
	Average	514.59	Average	515.63	Average	507.50	Average	511.91	Average	510.50	Average	514.80
	Median	515.00	Median	518.50	Median	508.00	Median	512.00	Median	511.00	Median	515.50
	Mode	515.00	Mode	520.00	Mode	#N/A	Mode	513.00	Mode	511.00	Mode	516.00
	Min	499.00	Min	498.00	Min	498.00	Min	504.00	Min	508.00	Min	498.00
Personal Activities	Max	24.50	Max	20.50	Max	21.00	Max	24.50	Max	20.00	Max	24.50
	Average	15.45	Average	14.31	Average	12.25	Average	15.91	Average	15.88	Average	15.36
	Median	15.00	Median	14.75	Median	11.25	Median	15.00	Median	16.25	Median	15.00
	Mode	15.00	Mode	9.50	Mode	9.50	Mode	15.00	Mode	#N/A	Mode	15.00
	Min	7.50	Min	2.00	Min	2.00	Min	11.00	Min	11.00	Min	2.00
Interview	Max	30.00	Max	28.13	Max	27.50	Max	28.13	Max	28.13	Max	30.00
	Average	23.56	Average	24.14	Average	22.42	Average	23.27	Average	25.16	Average	23.61
	Median	23.75	Median	23.75	Median	21.88	Median	23.44	Median	26.25	Median	23.75
	Mode	23.75	Mode	26.88	Mode	21.88	Mode	21.25	Mode	#N/A	Mode	23.75
	Min	15.63	Min	20.00	Min	18.13	Min	16.25	Min	20.00	Min	15.63
CASPer	Max	2.63	Max	1.43	Max	1.59	Max	1.71	Max	0.69	Max	2.63
	Average	0.46	Average	0.47	Average	0.24	Average	0.51	Average	0.10	Average	0.47
	Median	0.49	Median	0.42	Median	0.28	Median	0.59	Median	0.44	Median	0.49
	Mode	0.36	Mode	#N/A	Mode	#N/A	Mode	#N/A	Mode	#N/A	Mode	0.36
	Min	-1.79	Min	-0.95	Min	-0.95	Min	-0.80	Min	-1.15	Min	-1.79

Recent Initiatives

- Implemented the **flat threshold** for the MCAT this Admissions cycle
 - A social accountability action
- Completed the redistribution of MCAT points
- Reworked the scoring rubric for the Personal Activities
 - Applying a lens of equity and inclusion

Recent Initiatives

- Published details pertaining to selection & admission on our website
- Increased the available information on our medical school class characteristics, in response to student feedback



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Leading with Purpose.



Office of Professionalism

Annual Report

The Professionalism Online Reporting System

<https://data.med.ualberta.ca/professionalism/>

2020-2021

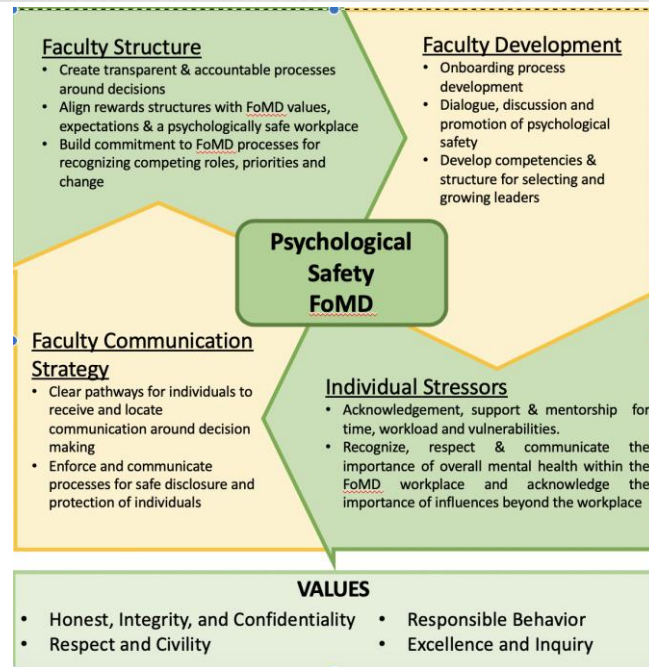


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Faculty of Medicine & Dentistry

ABOUT US | PROGRAMS AND EDUCATION | D




Professionalism is a priority ❤️

We believe professional behaviors should be commended and support safe processes in reporting professionalism lapses.

The Office of Professionalism wants to help.

▶ **Learn More**

▶ **Submit an accolade**

▶ **Submit an incident**

<https://www.ualberta.ca/medicine/resources/faculty-and-staff/professionalism/index.html>

FACULTY OF MEDICINE & DENTISTRY
Guiding Values for FoMD Members

Original Development Date: June 20, 2019
Most Recent Approval Date: XXXXXXX
Most Recent Editorial Date: April 8, 2020

Office of Accountability:	Dean, Faculty of Medicine & Dentistry (FoMD)
Office of Administrative Responsibility:	Associate Dean Professionalism
Approver:	Faculty Council
Scope:	This applies to all members of the FoMD*

- 1. Honesty, Integrity & Confidentiality**
- 2. Respect & Civility**
- 3. Responsible Behaviour**
- 4. Excellence & Inquiry**

Professionalism Button “Hits” processed per year				
Year	Total Number	Accolades	Mistreatments & Concerns	Other (tests/duplicates)
Oct 2013 - Jul 2014	41	14	22	5
2014-15	52	15	31	6
2015-16	80	21	54	5
2016-17	66	30	33	3
2017-18	47	12	32	3
2018-19	73	10	35 & 21	7
2019-20	89	9	32 & 16	32
2020-21	127	18	68 & 24	17
Difference last 2 years	+38	+9	+36 +8	-15
		9+36+8 = 53 more actionable reports in 2020-21		

Role of Subject of Accolade	# Accolades 2020-2021
Student	4
Resident	4
Faculty	10
Administration	0
Other (Health Professional)	0
Test	0
Clinical Setting	14
Non-Clinical Setting	4
Total	18

Most accolades referred to ≥ 1 FoMD code of conduct pillar

FoMD Code of Conduct Category	# Accolades 2020-2021
Excellence & Inquiry	6
Responsible Behaviour	15
Respect & Civility	8
Honesty, Integrity & Confidentiality	1

Role of Subject of Concern	# Concerns 2020-2021
Student	18
Resident	9
Faculty	54
Administration	2
Health Professionals	6
Grad Student	0
Environment	2
Fellow	1
Test/Duplicates	17
Total	92 (without test/duplicates)

# Professionalism Behaviour Concerns	# Mistreatment Concerns
24	68

Type/Setting of Concern	# of Concerns
Clinical	62
Non-Clinical	30
Social Media (of non-clinical)	8
Zoom (of non-clinical)	4
Racism	7
Gender Discrimination/Bias	7
COVID-related	10

Categories	# Mistreatment & Concern Reports
Named Reports with intervention & outcome	63
3rd party submission, intervention & outcome	12
Unable to contact Reporter	4
Reporter decided not to go ahead	8
Event too remote/Subject had left FoMD	3
Anonymous**	29
Anonymous: Intervention & outcome**	21
Anonymous – discussion/monitoring**	8
# reports closed with outcome & action	91 (1 ongoing with CPSA)

** Anonymous reports discussed at triage committee

Intervention if:

1. Unable to identify Subject from report context
2. Presence of constructive messaging within report

*3rd party submissions –
submitted by a person on behalf
of another person, or group of
people

Involvement of AHS	5
Involvement of CPSA	1 (ongoing, not closed)
Involvement of Central University (e.g.: Staff Relations, Office of Protective Services)	1
Subject enrolled in mentoring/remediation	6
Subject pursued education opportunities	4
Attempted mediation	1
# Concerns where Learners Removed	1
# Concerns where Reporter accommodated	2
# Concerns resulting in documented apology	6
# Concerns resulting in general messaging	6

FoMD Levels of Professionalism Intervention

Level 1: Cup of Coffee Conversation

Level 2: Nonpunitive pattern awareness intervention

Level 3: Faculty Professionalism Coaching Plan

Level 4: Formal Disciplinary Notification and/or Intervention

Reporter Category	# Reporters in category
Faculty	19
Resident	15
Administrator	2
Student	36
Grad Student	1
Health Professional	2
Member of Public	3
Other	0

Note: These categories combined named and anonymous reports – where the Reporter identified the category and/or was obviously from a particular category of Reporter

FoMD Professionalism Guiding Values Category - Lack of:	# Concerns 2020-2021
Excellence & Inquiry	14
Responsible Behaviour	84
Respect & Civility	73
Honesty, Integrity & Confidentiality	5
UAlberta Research Integrity Policy	2
UAlberta Sexual Violence Policy	0

Most concerns referred to ≥ 1
FoMD Professionalism Values
and/or Policy

- **Higher # of accolades**
- **Far higher # of concerns**
- **Increased # of student concerns**
- **Grad students are still not reporting**
- **Still a high # of 3rd party and anonymous concerns**
- **Many actions/outcomes generated from anonymous concerns**
- **Increased # of remediation/mentoring/education outcomes and documented apologies**

Racism and the University of Alberta

- **Racial harassment:**
 - unwanted comments, conduct or behaviour about an individual or a group that focuses on their race, ethnicity, origin or religion.
- Those engaged in this act:
 - do not need to have had the intention to harass
- The individual experiencing harassment need not explicitly object to unwelcome conduct or comments

Racism Reporting Process

- Parallel process to mistreatment reporting
- Anonymous & Confidential (personal & bystander) reporting options
- Incident and Environment reporting options
- Single and Multiple Event reporting options
- Unique aspects:
 - Support person/advocate available to reporters
 - Necessitated racism education/remediation for subjects of racism concerns

Professionalism ACCOLADES 2020-21 **Total Number of Accolades = 18. Role of person named: Faculty (10), Resident (4), Student (4). Setting: Clinical (14), Non-clinical (4). Status: Closed (18).**

Person's Role		Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/A
1	Student	Accolade Report	Closed	Non-clinical	Recipient of research funding to explore important medical topic.	Demonstration of: Excellence & Inquiry (foster a culture of inquiry; nurture professional growth and intellectual independence).	Accolade letter Individual and
2	Faculty Member	Accolade Report	Closed	Clinical	Accolade of high professional behaviour in the clinical care and trauma setting, collaborative and collegial, delivers patient-centered care.	Demonstration of: 2. Respect and Civility (maintain respectful interactions with all FoMD members); 3. Responsible Behaviour (create environments conducive to learning; assure that patient care assumes the highest priority in the clinical setting; model professional behaviour; take personal responsibility for actions and decisions).	Accolade letter Individual and
3	Resident	Accolade Report	Closed	Clinical	Advocated over and above in patient care. Went to extraordinary lengths to arrange primary care follow-up for a patient with complex medical issues.	Demonstration of: 2. Respect and Civility (maintain respectful interactions with all FoMD members); 3. Responsible Behaviour (create environments conducive to learning; assure that patient care assumes the highest priority in the clinical setting; model professional behaviour; take personal responsibility for actions and decisions).	Accolade letter Individual and
4	Faculty Member	Accolade Report	Closed	Clinical	Outstanding educator targeting learners' needs at various levels of training. Demonstrated respect, empathy, and professionalism with patients.	Demonstration of: 1. Honesty, Integrity & Confidentiality (communicate truthfully with patients, learners, academic and non-academic colleagues); 2. Respect and Civility (maintain respectful interactions with all FoMD members, families and all healthcare colleagues); 3. Responsible Behaviour (create environments conducive to learning; assure that patient care assumes the highest priority in the clinical setting; model professional behaviour).	Accolade letter Individual and
5	Student	Accolade Report	Closed	Clinical	Perceived professional behaviours in respecting learners, teaching junior learners and providing support.	Perceived: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Accolade letter Individual and
6	Resident	Accolade Report	Closed	Clinical	Perceived modeling of professional behaviours - covering for sick colleagues, volunteering to cover shifts.	Perceived: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Accolade letter Individual a Supervisor.

7	Student	Accolade Report	Closed	Clinical	Excellence in professional behaviours such as returning pages, supporting patient in palliative care delivery and other patient supports.	Perceived: 3. Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting; model professional behaviour).	Accolade letter sent to Individual and Supervisor.
8	Faculty Member	Accolade Report	Closed	Clinical	Perceived over and above mentoring and help to learner in career planning.	Perceived: 4. Excellence and Inquiry (nurture professional growth and intellectual independence).	Accolade letter sent to Individual and Supervisor.
9	Faculty Member	Accolade Report	Closed	Clinical	Perceived professionalism and high respect for patient and patient's wishes in a clinical setting.	Perceived: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting).	Accolade letter sent to Individual and Supervisor.
10	Faculty Member	Accolade Report	Closed	Clinical	Perceived over and above respect for a patient, demonstration of caring and compassion.	Perceived: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting; model professional behaviour).	Accolade letter sent to Individual and Supervisor.
11	Faculty Member	Accolade Report	Closed	Clinical	Accolade for multiple individuals. Perceived exceptional collaboration across specialties in the care of a complex patient.	Perceived: 3. Responsible behaviour (model professional behaviour); 4. Excellence and Inquiry (foster professionally collaborative models of care).	Accolade letter sent to Individuals and Supervisors.
12	Faculty Member	Accolade Report	Closed	Non-Clinical	Perceived over and above support in advocacy efforts and support for colleagues in the workplace.	Perceived: 3. Responsible Behaviour (model professional behaviour); 4. Excellence and Inquiry (foster professionally collaborative models of care).	Accolade letter sent to Individual and Supervisor.
13	Faculty Member	Accolade Report	Closed	Clinical	Perceived over and above professionalism in helping out colleagues in coverage of inpatients and delivering optimal patient care.	Perceived excellence in: 3. Responsible Behaviour (model professional behaviour; assure that patient care assumes the highest priority in the clinical setting).	Accolade letter sent to Individual and Supervisor.
14	Faculty Members	Accolade Report	Closed	Non-Clinical	Perceived over and above support of individual through mentoring, and professional behaviours in learning environment.	Perceived excellence in: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; support an environment of safety and trust).	Accolade letters sent to Individuals and Supervisors.
15	Faculty Member	Accolade Report	Closed	Clinical	Perceived over and above professionalism in collaborating with colleagues in delivering optimal patient care.	Perceived excellence in: 3. Responsible Behaviour (model professional behaviour, assure that patient care assumes the highest priority in the clinical setting); 4. Excellence and Inquiry (foster professionally collaborative models of care).	Accolade letter sent to Individual and Supervisor.

16	Resident	Accolade Report	Closed	Clinical	Perceived over and above support of a learner who was experiencing mistreatment.	Perceived excellence in: 3. Responsible Behaviour (model professional behaviour; support an environment of safety and trust).	Accolade letter sent to Individual and Supervisors.
17	Student	Accolade Report	Closed	Non-Clinical	Perceived over and above professional behaviour in supporting peers and teachers in AV support.	Perceived excellence in: 3. Responsible Behaviour (model professional behaviour); 4. Excellence and Inquiry (nurture professional growth and intellectual independence).	Accolade letter sent to Individual and Supervisor.
18	Resident	Accolade Report	Closed	Clinical	Perceived over and above professional behaviour in supporting colleagues through extra call shifts.	Perceived excellence in: 3. Responsible Behaviour (model professional behaviour).	Accolade letter sent to Individual and Supervisor.



Mistreatment CONCERNS 2020-21		Total number of Mistreatment Reports = 68. Role of person named: Faculty Member (), Resident (), Health Professional (), Administrative Staff (), Medical Student(s) (). Status: Closed (), In-progress (). Setting: Non-Clinical (), Clinical ().					
Person's Role		Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
1	Faculty Member	Mistreatment Report	Closed	Non-Clinical	Perceived disrespect on social media (twitter) to a physician.	Perceived Lack of: 2. Respect and Civility (maintain respectful interactions with all FoMD members, patients, families and all healthcare colleagues); 3. Responsible behaviour (model professional behaviour; support an environment of safety and trust).	Anonymous concern. Discussed at triage committee - decided to go forward with concern to Chair. Individual met with re: social media interaction. Reflected upon correct use of professional social media accounts. Concern closed.
2	Faculty Member	Mistreatment Report	Closed	Non-Clinical	Duplicate: Disrespect on social media (twitter) to a physician.	Perceived disrespect on social media (twitter) to a physician.	Duplicate. Anonymous concern. Discussed at triage committee - decided to go forward with concern to Chair. Individual met with re: social media interaction. Reflected upon correct use of professional social media accounts. Concern closed.
3	Student	Mistreatment Report	Closed	Non-Clinical	Repeated questioning of speaker during zoom session, perceived as being disrespectful and confrontational towards speaker and classmates, in terms of tone of questions/voice and time.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions with all FoMD members); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); 4. Excellence and Inquiry (nurture professional growth).	Anonymous Concern. Concern sent to Education Lead. Education Lead met with individual. Concern closed.
4	RDA	Mistreatment Report	Closed	Clinical	Perceived intimidation and disrespect towards a learner within a public setting. Lack of apology, reflection and insight into behaviour.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions with all FoMD members); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour).	Concern sent to Chair. Chair met with individual. Individual expressed insight into behaviour, written apology provided to student.

5	Resident	Mistreatment Report	Closed	Clinical	Apparent pattern of behaviour - intimidating and belittling learners. Disrespect towards learners, rudeness and swearing. Shame-based teaching methods.	2. Respect & Civility (maintain respectful interactions with all FoMD members); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); 4. Excellence and Inquiry (foster professionally collaborative models of care).	Anonymous concern. Discussion at triage committee. Concern forwarded to Education Lead. Due to apparent pattern of behaviour, non-punitive awareness intervention carried out.
6	Faculty Member	Mistreatment Report	Closed	Non-Clinical	Perceived racism comments towards Indigenous peoples in a learning session.	Racism; 2. Respect & Civility (maintain respectful interactions; model professional behaviour); 3. Responsible Behaviour (model professional behaviour); 4. Excellence and Inquiry (foster a culture of inquiry).	Professionalism Triage Officer met with Subject. Subject apologetic and had insight into behaviour. Subject asked for access to educational resources on racism. Assistant Dean EDI provided educational resources.
7	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived lack of respect towards learners, condescending and rude comments.	2. Respect & Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Anonymous concern. Discussion at triage committee. Concern forwarded to Education Lead. Due to nonspecific nature of concern, decision to monitor Subject.
8	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived witnessed racism comments towards Indigenous peoples in clinical care setting.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions with all FoMD members, patients and family members); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour).	Reporter wished to remain anonymous. After discussion with triage officer, Reporter decided to not go ahead with concern.
9	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived discriminatory witnessed statements around transgender patient to colleagues in a clinical setting.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions with all FoMD members, patients and family members); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour).	Unable to contact Reporter on multiple occasions. Concern closed.
10	Student	Mistreatment Report	Closed	Non-Clinical	Apparent racism and disrespectful comments made about a classmate in a zoom setting.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions; avoid discrimination) 3. Responsible Behaviour (model professional behaviour; support an environment of safety and trust).	Met with Reporter. Due to zoom setting, person who made comments not readily identifiable. Communicated to Education Lead. General message sent out to all learners around respect and anti-racism. Also arranged town hall to discuss zoom professional behaviours.

11	Faculty Member	Mistreatment Report	Closed	Clinical	Third party concern on behalf of multiple learners. Concerns of witnessed unprofessional and derogatory comments about patients and inappropriate comments about allied health professionals in presence of learners.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); 4. Excellence & Inquiry (foster professionally collaborative models of care).	Met with Subject of concern. Reviewed concerns and went through reflections. Insight demonstrated as to events. Follow-up planned by Subject with allied health professionals in addition to apology.
12	Faculty Member	Mistreatment Report	Closed	Clinical	Third party concern placed on behalf of multiple learners. Multiple concerns of unsafe environment for learners in program. Themes include poor service to education ratio, lack of respecting mandatory half-day attendance over clinical duties, lack of appropriate supervision of junior duties by senior residents, lack of support by faculty in routine patient tasks.	Perceived lack of: 2. Respect & Civility (respect autonomy and personal boundaries of others); 3. Responsible Behaviour (create environments conducive to learning; assure that patient care assumes the highest priority in the clinical setting; model professional behaviour; support an environment of safety and trust).	This was part of a series of concerns, compiled together for learner anonymity. Individuals were met with by Divisional Director and Education Lead - one was assigned professionalism remediation plan. Faculty education was provided. Exploration by AHS of alternate ways to provide care to patients other than learners, expansion of hospitalist service.
13	Resident	Mistreatment Report	Closed	Clinical	Perceived disrespect towards a junior learner, interrupting learner, condescending tone of voice. Sweeping derogatory statements and questioned learner's competence. Lack of psychological safety in supervising learner.	Perceived lack of: 2. Respect & Civility (respect autonomy and personal boundaries of others); 3. Responsible Behaviour (create environments conducive to learning; assure that patient care assumes the highest priority in the clinical setting; model professional behaviour; support an environment of safety and trust).	Concern shared with Education Lead. Individual met with. Volunteered to complete a longitudinal professionalism remediation plan with a mentor. Completed plan successfully. This concern was the first of a few for the same Individual over a series of months.
14	Student	Mistreatment Report	Closed	Clinical	Concerns of interrupting another team member, questioning their clinical decision making in a confrontational manner on a repeated basis over a series of hours. Shared with Education. Lead met with Individual and went through reflection as per behaviours.	Perceived lack of: 2. Respect & Civility (respect autonomy and personal boundaries of others); 3. Responsible Behaviour (create environments conducive to learning/ assure that patient care assumes the highest priority in the clinical setting; model professional behaviour; support an environment of safety and trust).	Shared with Education. Lead met with Individual and went through reflection as per behaviours.

15	Student	Mistreatment Report	Closed	Non-Clinical	Perceived gender discriminatory comments in lecture setting.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions with others).	Sent concern to Education Lead. Education Lead met with student and went through concern to gain insight and reflection as to comments and impact .
16	Student	Mistreatment Report	Closed	Non-Clinical	Questioning of expert in a public setting that was interpreted by others as being confrontation and disrespectful.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions with others).	Anonymous concern: Individual somehow became aware of anonymous concern through informal avenues and contacted professionalism dean. Met with Individual, went through concern. Went through reflections as to how event was interpreted by others.
17	Neurosurgery rotation experience	Mistreatment Report	Closed	Clinical	Amalgamated concern from rotating learners and learners within program. Duplicate and overlapping concerns to an earlier concern reported. Multiple concerns of unsafe environment for learners in program. Themes include very poor service to education ratio, lack of respecting mandatory half-day attendance over clinical duties, lack of appropriate supervision of junior duties by senior residents, lack of support by faculty in routine patient tasks, perceived gender discrimination.	Perceived lack of: 2. Respect & Civility (respect autonomy and personal boundaries of others); 3. Responsible Behaviour (create environments conducive to learning; assure that patient care assumes the highest priority in the clinical setting; model professional behaviour; support an environment of safety and trust); perceived gender discrimination and harassment.	This was part of a series of concerns, compiled together for learner anonymity. Individuals were met with by Divisional Director and Education Lead - one was assigned professionalism remediation plan. Faculty education was provided. Exploration by AHS of alternate ways to provide care to patients other than learners, expansion of hospitalist service.
18	Health Professional	Mistreatment Report	Closed	Clinical	Second concern with same person. Perceived disrespect and use of profanity when speaking to a learner.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions with others); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Concern sent to individual's supervisor. Supervisor met with individual - asked to reflect upon the encounters, and to provide a written statement. There appeared to be a lack of insight from this individual with respect to comments and actions. Written apology was then provided by the individual to the Reporter.

19	Faculty Member	Mistreatment Report	Closed	Clinical	Third party concern on behalf of multiple learners. Survey: experiences of intimidation/harassment/discrimination. Hidden curriculum - rounding on weekends, staying postop, blamed for gaps in call coverage. Specific hospital sites identified as having culture issues.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions with others); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Met with Education Leads and Divisional Director. Identification of 3 faculty with particular issues in addition to general environment issues. Divisional Director set up working groups in Division to address environmental issues. Met with 3 faculty identified individually, reviewed concerns, and outlined expectations of behaviours going forwards.
20	Faculty Member	Mistreatment Report	Closed	Clinical	Negative hidden curriculum from a faculty towards a learner, regarding holding the learner responsible for organizing events after call shift is over.	Perceived lack of: 2. Respect & Civility (respect autonomy and personal boundaries of others) 3. Responsible Behaviour (support an environment of safety and trust).	Anonymous concern. Reviewed at triage committee. Able to identify Reporter from story. Therefore, after review, committee closed concern. Will engage in continued monitoring.
21	Faculty Member	Mistreatment Report	Closed	Clinical	Concerns around apparent pattern of behaviour - disrespect towards learners, intimidating. Singling out people of visible minorities. However, note that this behaviour had improved over the previous 6 months.	Perceived lack of: (2) Respect & Civility (maintain respectful interactions; avoid discrimination); (3) Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Third party concern. Individual was already involved in a professionalism coaching plan that was completed late 2020. Behaviour was continued to be monitored through site leads, and it was noted that behaviour had greatly improved. Therefore, possibility of historical bias was raised, and it was decided to engage in continued monitoring.
22	Faculty Member	Mistreatment Report	Closed	Clinical	Apparent pattern of unrealistically high expectations of learners, lack of laying out expectations with learners. Concerns around lack of respect towards learning. Challenges in giving constructive feedback.	Perceived lack of: (2) Respect & Civility (maintain respectful interactions; avoid discrimination); (3) Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); (4) Excellence & Inquiry (nurture professional growth).	Third party concern. First concern for individual. Apparent pattern of behaviour. 2 meetings with individual by Supervisor. Plan was created to set up learner centered approach, faculty development in teaching.
23	Faculty Member	Mistreatment Report	Closed	Clinical	Apparent pattern of disrespect, swearing at learners, physical and psychological intimidation of learners.	Perceived lack of: (2) Respect & Civility (maintain respectful interactions; avoid discrimination); (3) Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); (4) Excellence & Inquiry (nurture professional growth).	Third party concern. Divisional director met with individual on two occasions. Went through concerns and reflected upon concerns. He had spontaneously contacted PFSP for support and help earlier. Reflected upon teaching strategies and education opportunities. Set up mentoring program with Divisional Director going forward.

24	Health Professional	Mistreatment Report	Closed	Clinical	Apparent disrespect towards learners about circumstances in patient management situation that was unavoidable. Making assumptions about learner initiative, intimidating and bullying behaviour towards a learner.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Attempted to contact Reporter on multiple occasions. Closed concern due to inability to contact Reporter.
25	Faculty Member	Mistreatment Report	Closed	Non-Clinical	Third party concern: Perceived intimidation and bullying of multiple learners in a meeting by multiple faculty.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Third party concern. Three faculty met with by Chair & Professionalism Dean. Two chose to enter professionalism mentoring plan, Third pursued <u>FoMD</u> education and teaching workshops.
26	Faculty Member	Mistreatment Report	Closed	Clinical	Anonymous concern. Perceived gender discrimination of learners.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Anonymous concern. Reviewed at triage committee. Forwarded to Chair for review of learning environment.
27	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived encouragement of FoMD members to queue-jump in receiving COVID vaccination.	Perceived lack of: 3. Responsible Behaviour (model professional behaviour; be prudent with fiscal resources).	Anonymous and Third party concern. After discussion at triage committee, concern was forwarded to Education Lead. The Education Lead sent an email to all leads, emphasizing the importance of not queue jumping to receive COVID vaccination.
28	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived witnessed rudeness to allied health professional and learner.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Anonymous concern. Not very specific in concern. Therefore, closed concern after review at triage committee.
29	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived disrespect of a colleague in front of a patient with assumptions made about the colleague's patient recommendations.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (model professional behaviour; support an environment of safety and trust).	Met with Reporter. After discussion, Reporter wished for concern to remain anonymous and not to move forward with communication to Chair. Therefore, classified as anonymous and used for future tracking of behaviour.

30	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived disrespect towards learner and unfounded accusations and discrimination of a learner.	Perceived lack of: 2. Respect and Civility (avoid discrimination); 3. Responsible Behaviour (support an environment of safety and trust).	Met with Reporter. Moved forward with concern to Chair. Learner was accommodated to work with alternate preceptor. Wellness issues identified for Subject. Connected with wellness resources. Subject provided apology to
31	Student	Mistreatment Report	Closed	Non-Clinical	Third party concern. Perceived disrespect towards colleagues.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions).	Third party concern. Concern forwarded to Education Lead. Education Lead met with Individual. Encouraged reflection and insight.
32	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived disrespect and gender, racial discrimination of a colleague in delivering care to a patient. Intimidating and bullying behaviours.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions; avoid discrimination); 3. Responsible behaviour (assure that patient care assumes the highest priority in the clinical setting; support an environment of safety and trust).	Met with Reporter on multiple occasions. Reporter concerned about possibility of retaliation from Subject if goes ahead with reporting. After meetings, concern reclassified as anonymous. Will continue tracking of behaviour.
33	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived shame based teaching methods of learner.	Perceived lack of: 2. Respect and Civility (create environments conducive to learning; maintain respectful interactions).	Anonymous concern. Discussed at triage committee. Vague concern without many details to provide as constructive feedback to Subject. After discussion, closed concern.
34	Student	Mistreatment Report	Closed	Clinical	Perceived disrespect to an allied health care provider with lack of insight as to what was being taught by the allied healthcare provider.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (model professional behaviour).	Concern sent to Education Lead. According to Education Lead, event was consistent with an apparent pattern of <u>behaviour</u> observed in the past. Investigated by Education Executive Team. Learner enrolled in professionalism remediation plan.
35	Resident	Mistreatment Report	Closed	Clinical	Third party concern. Witnessed perceived disrespect and discrimination of a junior learner on repeated occasions.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; support an environment of safety and trust).	After discussion, Reporter wishes to keep concern anonymous and not move forward. There were similar concerns about the same individual within the same year. The individual was in the midst of participating in a longitudinal professionalism remediation plan.
36	Faculty Member	Mistreatment Report	Closed	Non-Clinical	Perceived disrespect, racism and intimidation/bullying towards an individual.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions; avoid discrimination); 3. Responsible behaviour (model professional behaviour; support an environment of safety and trust).	Met with Reporter. Reviewed concern with Vice Dean. Interaction occurred greater than 1 year prior. Due to remote nature of event, by university rules, difficult to pursue. Discussed at triage committee. Closed concern.

37	Faculty Member	Mistreatment Report	Closed	Non-Clinical	Perceived intimidation and repeated bullying of an individual in the workplace.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions; avoid discrimination); 3. Responsible behaviour (model professional behaviour; support an environment of safety and trust).	Concern forwarded to Chair. Chair met with Individual. Reflections explored and insights gathered. Individual made aware of expectations within the workplace. Concern closed.
38	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived crossing of professional boundaries with learners, making inappropriate jokes, lack of psychological safety with learners.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions; respect autonomy and personal boundaries of others); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour, support an environment of safety and trust).	Third party concern on behalf of multiple learners. Concern forwarded to Chair. Chair and Professionalism Dean met with individual. Individual reflected, showed <u>insight</u> and monitored going forward.
39	Faculty members	Mistreatment Report	Closed	Non-Clinical	Third Party Concern on behalf of multiple learners. Perceived environmental and multiple faculty contributing to an atmosphere of intimidation and bullying, lack of communication around program decisions.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (model professional behaviour, create environments conducive to learning, support an environment of safety and trust).	Concern shared with Education Leads. Multiple meetings with learners and faculty with mediation attempts and meetings with Chair. Continued monitoring. Mentoring put in place for leads of program.
40	Health Professional	Mistreatment Report	Closed	Clinical	Anonymous concern. Perceived disrespect expressed towards healthcare team members in the clinical environment, in regards to needed actions being taken to optimize a patient's investigations and management. Did not undertake appropriate responsibility for patient care tasks.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting, model professional behaviour).	Anonymous concern. Discussed at triage committee. Concern forwarded to AHS due to involving a healthcare team provider.
41	Faculty Members	Mistreatment Report	Closed	Non-Clinical	Perceived multiple events of mistreatment, bullying, discrimination and negative gossip interfering with professional growth and opportunities.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions, avoid discrimination); 3. Responsible Behaviour (model professional behaviour, support an environment of safety and trust); Excellence and Inquiry (foster professionally collaborative models of care).	Concern sent to Chair. Chair met with Division, discussed multiple events of concern. Faculty members insightful and remorseful. Discussion around how to create a more constructive learning environment for individual.

42	Student	Mistreatment Report	Closed	Non-Clinical	Perceived racism comments on social media, public setting.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions, avoid discrimination); 3. Responsible Behaviour (model professional behaviour).	Concern forwarded to Education Lead. Education Leads met with group of students. Students insightful - consulted Anti-Racism Leads in constructive approach and response to situation, altered approaches going forward.
43	Faculty Member	Mistreatment Report	Closed	Clinical	Third Party Concern on behalf of learner. Perceived intimidation and harassment of learners, perceived favouritism of some learners over others, negative gossip.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions, avoid discrimination); 3. Responsible Behaviour (model professional behaviour, support an environment of safety and trust); 4. Excellence and Inquiry (foster professionally collaborative models of care).	Third Party concern. Concern sent to Chair. Department initiated investigation of Concern. Individual met with after investigation. Expressed insight and remorse. Individual engaged in educational opportunities and peer mentoring to improve relationships with learners.
44	Resident	Mistreatment Report	Closed	Clinical	Perceived unprofessional behaviour in statements about teachers, perceived lack of response to pages in regards to clinical care, perceived inappropriate physician extender shifts.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions, avoid discrimination); 3. Responsible Behaviour (model professional behaviour, assure that patient care assumes the highest priority in the clinical setting).	Anonymous concern. Discussed at triage committee. Concern appears to include an incredible amount of detail, in relation to previously existing environmental concerns of mistreatment. Appears to be retaliatory in nature. Therefore, concern closed.
45	Faculty Member	Mistreatment Report	Closed	Clinical	Third party concern placed on behalf of a learner. Perceived unprofessional behaviour in the clinical setting with intimidation and harassment of a learner in a patient care delivery setting.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; support an environment of safety and trust, model professional behaviour).	Third party concern. Concern sent to Chair. Chair explored situation with colleagues and supervisors in clinical setting. There were previous concerns resulting in peer mentoring program and professionalism remediation plan completed summer 2020. Chair met with Individual. Individual insightful and remorseful. Individual committed to changing behaviours around work-life balance and communications.

46	neurosurgery environment	Mistreatment Report	Closed	Clinical	Third party concern placed on behalf of multiple learners. Multiple concerns of unsafe environment for learners in program. Themes include poor service to education ratio, lack of respecting mandatory half-day attendance over clinical duties, lack of appropriate supervision of junior duties by senior residents, lack of support by faculty in routine patient tasks.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Third Party concern. Professionalism Dean met with Education Leads around environmental issues in regards to lack of psychological safety for learners. Multiple follow-up meetings. <u>A number of program changes were initiated</u> – such as protecting half-day commitments for learners, new Education Lead, commitment towards exploring alternate ways to deliver patient care outside of learners.
47	Faculty Member	Mistreatment Report	Closed	Clinical	Anonymous concern. Perceived disrespect of a patient, using insensitive terms to describe patient in a public setting, witnessed by learner.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (model professional behaviour).	Anonymous concern. Concern shared with triage committee members. Due to lack of descriptive detail, difficult to channel constructive feedback out of concern. Concern closed.
48	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived disrespect towards learner - did not use learner's name in interactions, creation of a hostile learning environment while delivering patient care.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Concern sent to Chair. Chair met with Individual on two occasions. Individual given opportunity to reflect upon concern and impact upon learner. Individual insightful and remorseful, reflecting on how to create a safer environment for learners going forward.
49	Student	Mistreatment Report	Closed	Non-Clinical	Perceived unprofessional peer behaviour in destructive feedback given through peer feedback setup around small group sessions.	Perceived lack of: 2. Respect and Civility (maintain professional interactions), 3. Responsible Behaviour (create environments conducive to learning; support an environment of safety and trust).	Concern sent to Education Leads. Education Leads acknowledged challenges in learner peer feedback delivery. General messaging to all learners emphasized the importance of constructive feedback methods when giving peer feedback. For following academic year, initiated different system in regards to peer feedback methods in small groups.
50	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived gender discriminatory comments to a learner.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions, avoid discrimination).	After contacting Reporter, Reporter did not wish to move ahead with concern. Therefore, concern closed.

51	Administrative Staff	Mistreatment Report	Closed		Patient concern around treatment by healthcare team in a clinical setting, around pandemic institutional rules.	Perceived lack of: 2 Respect and Civility (maintain respectful interactions; respect autonomy and personal boundaries of others); 3. Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting).	Concern from a patient about a clinical care situation within AHS. Communicated back to Reporter, and redirected towards AHS patient feedback mechanisms.
52	Student	Mistreatment Report	Closed		Perceived unprofessional behaviour and communication to learner peers about shadowing outside of learner pandemic rules.	Perceived lack of: 3. Responsible Behaviour (model professional behaviour).	Anonymous concern. Discussed at triage committee. Event had happened prior to relaxing of pandemic rules around learner shadowing. Concern closed.
53	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived mistreatment through shame based teaching methods, intimidation and bullying in learning environment.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Learner accommodated and assigned to a different preceptor. Concern sent to Chair. Chair met with Individual. Individual insightful and remorseful and apologized to learner. Individual supported in changes in teaching methods going forward.
54	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived unprofessional behaviour in not following collaborative patient care rules during COVID pandemic in hospital and emergency setting. Lack of ensuring that patient care assumes the highest priority in the clinical setting. Lack of collaborative care.	Perceived lack of: 3. Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting; model professional behaviour); 4. Excellence and Inquiry (foster professionally collaborative models of care)	Anonymous concern. Concern forwarded to Chair.
55	Resident	Mistreatment Report	Closed	Clinical	Perceived rudeness to patient.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (assure that patient care is the highest priority in the clinical setting).	Anonymous concern. No details or specific features provided. After discussion with triage committee, closed concern.
56	Faculty Member	Mistreatment Report	Closed	Non-Clinical	Multiple instances of perceived unprofessional behaviour in OR setting, making inappropriate stereotyped comments about patient, comments about income to learners.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (assure that patient care is the highest priority in the clinical setting; model professional behaviour).	Individual not working directly with learners - does not have FoMD appointment. Sent letter to AHS supervisor. After lack of communication, shared concern with AHS triage committee representative to take this forward through AHS.

57	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived lack of appropriate work-up of patients, delivering care to standard required. Inappropriate feedback methods to learners.	Perceived lack of: 3. Responsible Behaviour (create environments conducive to learning; assure that patient care assumes the highest priority in the clinical setting; model professional behaviour; take personal responsibility for actions and decisions).	Anonymous concern. Concern forwarded to Chair. Chair met with individual around concern, explored insight and situation. Individual connected with education resources around teaching.
58	Student	Mistreatment Report	Closed	Non-Clinical	Perceived unprofessional malicious comments and disrespect towards individual on a social media setting, regarding views about China and COVID pandemic.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour).	After review of concern, racism observed in original statements by Reporter. Multiple meetings between Education Leads, Office of Advocacy and Wellness, and Office of Safe Disclosure and Human Rights. Mediated meetings amongst members of groups around psychologically safe learning and work environment.
59	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived disrespect towards allied health professionals in a public patient care setting that could have impacted patient care.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour).	Individual spontaneously approached Reporter after placement of concern and apologized for behaviour. Therefore, Reporter withdrew concern.
60	Faculty Member	Mistreatment Report	Closed	Clinical	Second report on same event. Perceived disrespect towards allied health professionals in a public patient care setting that could have impacted patient care.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour).	Individual spontaneously approached those involved and apologized. Communication sent to supervisor. Supervisor checked with Individual and noted wellness issues, decreased workload in response.
61	Resident	Mistreatment Report	Closed	Non-Clinical	Perceived disrespect shown to learner without insight or remorse or apology.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour).	Reviewed at triage committee. Event had happened 1 year previous, and there was a different education lead in place at that time. After review, decision to close concern, because timeline too remote.
62	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived disrespect and intimidating/bullying behaviour towards a learner around patient care situation.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour).	Concern forwarded to Chair. Chair delegated to Supervisor. Supervisor met with individual and reflected on situation and impact upon learner.

63	Faculty Member	Mistreatment Report	Closed	Non-Clinical	Perceived disrespectful gender based comments on social media with association with <u>UAlberta</u> noted on social media account.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour).	Concern forwarded to Chair. Delegated to Divisional Director. Divisional Director met with Individual and reviewed social media posts and situation. The individual had clearly outlined a disclaimer in connection with personal opinions stated, he was encouraged to review his social media posts more closely in the future, and was linked with unconscious bias training resources.
64	Resident	Mistreatment Report	Closed	Clinical	Anonymous concern. Multiple condescending comments to learner, request to ride in learner's car outside of pandemic regulations, physical injury to learner in OR.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour).	Anonymous concern. Reviewed at triage committee. Decision to forward to Education lead. Concern forwarded to Education Lead to meet with individual and go through concern.
65	Resident	Mistreatment Report	Closed	Clinical	Anonymous concern. Multiple intimidating comments, bullying of learners and allied health professionals.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour, assure that patient care assumes the highest priority in the clinical setting, create an environment of safety and trust).	Anonymous concern. Reviewed at triage committee. Decision to forward to Education lead. Concern forwarded to Education Lead to meet with individual and go through concern.
66	General Surgery Fellow	Mistreatment Report	Closed	Clinical	Perceived disrespect towards junior learning, intimidating and bullying comments, gossiping.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour, create an environment of safety and trust).	Individual had since left <u>UAlberta</u> , practicing in another province. Therefore, FoMD has no jurisdiction over reaching out to Individual at this time. Concern closed.
67	Faculty Member (special continuing)	Mistreatment Report	Closed	Clinical	Perceived intimidation and bullying of learner in clinical situation.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour, create an environment of safety and trust).	Met with Reporter. After discussion, Reporter decided not to move forward with concern. Concern closed.
68	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived lack of respect and following call shift rules for learners and learner accommodations.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions).	Learner accommodated. Communication with Education Lead around emphasis to site leads and preceptors around call shift rules for learners and accommodations.

Professionalism CONCERNS 2020-21		Total number of Professionalism Concern reports = 24. Role of person named: Faculty (13), Resident (1), Student (6), Administrative Staff (1), Health Professional (2), Unknown (1). Status: Closed (22), In-progress (2). Setting: Clinical (13), Non-Clinical (11).					
Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions	
1	Student	Professionalism Concern Report	Closed	Clinical	Student observed shadowing in hospital setting during period where no student shadowing approved.	3. Responsible Behaviour (model professional behaviour).	Anonymous concern. Communicated with UME Associate Dean who met with student. Concern closed.
2	Student	Professionalism Concern Report	Closed	Non-Clinical	Initial attendance at mandatory virtual learning session, then leaving session after attendance taken.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour).	Concern sent to Education Lead. Education Lead met with individual. Concern closed.
3	Administrative Staff	Professionalism Concern Report	Closed	Clinical	Repeated email contacts required to reach individual and to receive a reply over multiple occasions.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions with others); 3. Responsible Behaviour (model professional behaviour).	Anonymous Concern. Concern sent to Education Lead. Education Lead met with individual. Concern closed.
4	Faculty Member	Professionalism Concern Report	Closed	Non-Clinical	Perceived unprofessional behaviour in making last-minute changes to exam for learners. Not perceived to be approachable to student concerns about same.	Perceived disrespect towards learners' commitments in regards to exam preparation and creation of exam, with change in marking scheme shortly before exam. Lack of safety provided in environment around exam.	Concern forwarded to Education Lead. Education Lead met with individual and went through learners' concerns, to troubleshoot and prevent future errors.
5	Faculty Member	Professionalism Concern Report	Closed	Clinical	Perceived lack of professional behaviour in not observing COVID rules at work.	Perceived lack of: 3. Responsible Behaviour (model professional behaviour).	Anonymous concern. Contacted Subject. Discussion of Concern. Classified as a misunderstanding.
6	Faculty Member	Professionalism Concern Report	Closed	Clinical	Perceived discriminatory witnessed statements around transgender patient to colleagues in a clinical setting.	Perceived lack of: 2. Respect & Civility (maintain respectful interactions with all FoMD members, patients and family members); 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour).	Unable to contact Reporter on multiple occasions. Concern closed. Duplicate concern. Will close concern.

7	Resident	Professionalism Concern Report	Closed	Non-Clinical	Public twitter account outlining patient situation that was identifiable to people reading the post.	Perceived lack of: 1. Honesty, integrity and confidentiality (respect privacy of patients); 3. Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting).	Concern forwarded to Education Lead. Education Lead met with individual. Discussed the contents of the social media post, discussed issues around patient confidentiality, compassion and professional conduct. Individual expressed insight into actions and was remorseful. Post was removed and individual reviewed personal social media accounts to remove similar posts.
8	Faculty Member	Professionalism Concern Report	Closed	Clinical	Apparent placing of learners in unsafe environments (physical and psychological), with apparent pressuring of learners to continue participating in unsafe environments.	Perceived lack of: 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); 4. Excellence & inquiry (nurture professional growth).	Concern sent to Chair. Chair met with individual, informed of power dynamic and lack of safety in the learning environment created. Individual was told not to engage in similar teaching methods in the future. Meeting of Professionalism Dean with Individual re: same messaging.
9	Faculty Member	Professionalism Concern Report	Closed	Non-Clinical	Apparent placing of learners in unsafe environments (physical and psychological), with apparent pressuring of learners to continue participating in unsafe environments.	Perceived lack of: 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); 4. Excellence & inquiry (nurture professional growth).	Concern sent to Chair. Chair met with individual, informed of power dynamic and lack of safety in the learning environment created. Individual was told not to engage in similar teaching methods in the future. Meeting of Professionalism Dean with Individual re: same messaging.
10	Faculty Member	Professionalism Concern Report	Closed	Clinical	Anonymous concern. Perceived lack of following COVID rules in entering a patient's room.	Perceived lack of: 3. Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); 4. Excellence & inquiry (nurture professional growth).	Anonymous concern. No details of concern provided to be able to move forward with concrete actions. Reviewed at triage committee. Closed concern.
11	Faculty Member	Professionalism Concern Report	Closed	Non-Clinical	Anonymous concern. Late change to exam blueprint, and weighting of marks. Perceived to be unfair and unprofessional to students.	Perceived lack of: 3. Responsible Behaviour (create environments conducive to learning; assure that assessments and evaluations are conducted in a fair and equitable manner); 4. Excellence & inquiry (nurture professional growth).	Anonymous concern. Discussed at triage committee. Decision to forward concern to Education Lead. Education Lead met with Subject on multiple occasions and an oversight process for exams was created. Instructor had insight, and had addressed issue directly with class.

12	Health Professional	Professionalism Concern Report	Closed	Clinical	Anonymous concern. Perceived lack of following proper COVID precautions and PPE in the workplace.	Perceived lack of: 2. Responsible Behaviour (model professional behaviour).	Anonymous concern. Concern forwarded to Chair for review and possible intervention with Individual.
13	Faculty Member	Professionalism Concern Report	Closed	Clinical	Perceived lack of following proper COVID precautions and PPE in the workplace in addition to witnessed disrespect of a patient.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions) 3. Responsible Behaviour (model professional behaviour).	Concern forwarded to Chair. Chair met with Individual. Reflections explored and insights gathered. Individual made aware of expectations within the workplace. Concern closed.
14	Student	Professionalism Concern Report	Closed	Clinical	Perceived lack of following COVID rules for learners. Learner shadowing in hospital despite rules.	Perceived lack of: 3. Responsible behaviour (model professional behaviour; taking personal responsibility for actions and decisions).	Concern forwarded to Education Lead. Education Lead met with Learner.
15	Faculty Member	Professionalism Concern Report	Closed	Non-clinical	Perceived disrespect towards female patients and colleague in multiple settings (clinical, academic). Lack of responsible behaviour in delivering care to women. Lack of follow through on required research tasks.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions, avoid discrimination); 3. Responsible Behaviour (model professional behaviour, support an environment of safety and trust); Excellence and Inquiry (foster professionally collaborative models of care).	Reporter did not wish to move forward with concern (simply to log behaviour). Concern shared with AHS.
16	unknown - believed to be a medical student	Professionalism Concern Report	Closed	Non-Clinical	Perceived plagiarism of work, publically posted on social media by an anonymous author who appears to be a member of FoMD.	Perceived lack of: 1. Honesty, Integrity and Confidentiality (conduct and report scholarly activities in an ethical and honest manner, appropriately credit participants involved in work).	Office of Advocacy & Wellbeing & Office of Professionalism met with Reporters. Due to anonymity of social media author, messaging was sent to all learners and on official learner social media outlining what plagiarism is, and asking that the post be removed due to plagiarism.
17	Student	Professionalism Concern Report	Closed	Clinical	Group concern. Perceived unprofessional behaviour through social media posting of learner in clinical setting outside of pandemic shadowing rules.	Perceived lack of: 3. Responsible Behaviour (model professional behaviour).	Group concern. Concern forwarded to Education Lead. Education Lead met with Learner. Apparent misunderstanding, as Learner was on scheduled rotation experience.
18	Student	Professionalism Concern Report	Closed	Clinical	Perceived unprofessional behaviour by learner, in carrying out shadowing experiences despite pandemic rules around learner shadowing.	Perceived lack of: 3. Responsible Behaviour (model professional behaviour).	Concern forwarded to Education Lead. Education Lead met with Learner. Apparent misunderstanding, as Learner was on scheduled rotation experience.

19	Student	Professionalism Concern Report	Closed	Non-Clinical	Perceived peer sexism in a zoom setting with colleagues.	Perceived lack of: 2. Respect and Civility (maintain respectful interactions); 3. Responsible Behaviour (model professional behaviour).	Multiple attempts to contact Reporter. Unable to reach Reporter. Therefore, closed concern.
20	Faculty Member	Professionalism Concern Report	Ongoing	Clinical	Perceived longstanding conflict of interest by Individual in differentially promoting medical products to patients due to financial reimbursement and "kickbacks".	Perceived lack of: 1. Honesty, Integrity and Confidentiality (conduct and report scholarly activities in an ethical and honest manner; identify, understand and appropriately manage potential conflicts of interest); 3. Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting).	Ongoing CPSA investigation in addition to Article 7 misconduct concern submitted to UAlberta Faculty Relations for investigation. Individual's faculty appointment terminated pending results of investigations. Investigations ongoing (as of summer 2022).
21	Faculty Member	Professionalism Concern Report	Closed	Non-Clinical	Perceived research integrity violation, not acknowledging Reporter's work and contributions in co-authorship on research findings publication.	Perceived lack of: 1. Honesty, integrity and confidentiality (conduct and report research and other scholarly activities in an ethical and honest manner, appropriately credit participants involved in work).	Concern submitted by Reporter as a Research Integrity concern to UAlberta Office of Research for investigation. Investigations found that Individual not guilty in engaging in research misconduct. Therefore, concern closed.
22	Health Professional	Professionalism Concern Report	Closed	Non-Clinical	Perceived unprofessional behaviour on social media around claims about COVID 19 and pandemic.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour).	Upon review of social media account, there was no affiliation to UAlberta in the account or posts. Therefore, FoMD freedom of expression guidelines followed. Concern closed.
23	Faculty Member	Professionalism Concern Report	Closed	Clinical	Perceived unprofessional behaviour in linking to personal practice website on official FoMD faculty profile webpage.	Perceived lack of: 2. Respect and Civility (maintain professional interactions); 3. Responsible Behaviour (mode professional behaviour).	Concern shared with triage committee. Agreement that this was consistent with unprofessional behaviour. Concern shared with FoMD communications and Faculty Relations. Upon review, FoMD is unable to regulate the content of the Faculty profiles on FoMD webpages.
24	Faculty Member	Professionalism Concern Report	Closed	Non-Clinical	Perceived unprofessional behaviour, crossing of professional boundaries with learner in inappropriate evaluation.	Perceived lack of: 1. Honesty, Integrity and Confidentiality (identify, understand and appropriately manage potential conflicts of interest); 3. Responsible Behaviour (mode professional behaviour).	Concern forwarded to Chair. Meeting with Chair and Education Lead. Individual met with and given feedback as to inappropriate behaviour.

Questions



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