



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY

Office of Professionalism

Annual Report

The Professionalism Button

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2018-2019



ACCOLADES 2018-19		Total Number of Accolades = 10: Role of person named: Resident (3), Faculty (2), Student (5). Setting: Clinical (6), Non-Clinical (4). Status: Closed (10).					
Person's Role	Report Type	Setting	Status	Anonymized Description of Accolade	Summary of Action Taken	FoMD Themes of Behavior	
1	Student	Accolade Report	Non-Clinical	Closed	Excellent contributor to clinical team, excellent care for patient, responsible professional behaviour.	Commendation letter sent.	Integrity, confidentiality, respect and responsible behavior.
2	Student	Accolade Report	Clinical	Closed	Advocates for others, demonstrates caring for colleagues.	Commendation letter sent.	Responsible behavior – assure that patient care assumes the highest priority in the clinical setting; support an environment of safety and trust.
3	Student	Accolade Report	Non-Clinical	Closed	Confidentiality and sensitivity demonstrated and expressed around colleague's situation.	Commendation letter sent.	Responsible Behaviour (create environments conducive to learning); Excellence (nurture professional growth).
4	Faculty Member	Accolade Report	Clinical	Closed	Excellent contributor to clinical team, excellent care for patient, responsible professional behaviour.	Commendation letter sent.	Responsible behaviour (create environments conducive to learning, model professional behaviour); Excellence (nurture professional growth).
5	Student	Accolade Report	Clinical	Closed	Excellent contributor to clinical team, excellent care for patient, responsible professional behaviour.	Commendation letter sent.	Responsible behaviour (model professional behaviour, assure that patient care assumes the highest priority in the clinical setting); Excellence (foster professionally collaborative models of care).
6	Student	Accolade Report	Non-Clinical	Closed	Advocates for others, demonstrates caring for colleagues.	Commendation letter sent.	Excellence (nurture professional growth, foster professionally collaborative models of care).
7	Resident	Accolade Report	Non-Clinical	Closed	Confidentiality and sensitivity demonstrated and expressed around colleague's situation.	Commendation letter sent.	Integrity & Confidentiality (respect privacy of learners and colleagues); Excellence (nurture professional growth).



8	Resident	Accolade Report	Clinical	Closed	Created an exceptional learning environment, and encourages teamwork.	Commendation letter sent.	Responsible behavior (model professional behavior, support an environment of safety and trust, create environments conducive to learning).
9	Resident	Accolade Report	Clinical	Closed	Excellent clinical care and role modeling.	Commendation letter sent.	Responsible behavior (assure that patient care assumes the highest priority in the clinical setting, model professional behavior).
10	Faculty Member	Accolade Report	Clinical	Closed	Excellence in clinical care and creation of a team environment.	Commendation letter sent.	Excellence (nurture professional growth, foster professionally collaborative models of care).



CONCERNS 2018-19		Total number of Mistreatment Reports = 35: Role of person named: Faculty Member (24), Resident (4), Lecturer (1) Health Professional (2), Administrative Staff (2), University Organization (1), Administrator (1). Setting: Clinical (22), Non-Clinical (13). Status: Closed (34), In-progress (1).					
Person's Role	Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior	
1	Faculty Member	Mistreatment Report	Clinical	Closed	Third party submission: Perceived disruptive work environment behavior: yelling, bullying learners in public settings, intimidation of learners, and a lack of constructive feedback to learners.	Reporter wished to remain anonymous. Second concern on same individual submitted. Reviewed by triage committee - decided to anonymize concern. Communicated to Chair. Individual actively involved in coaching plan - Chair communicated to coach to address issue.	Lack of: Respect and Civility (maintain respectful interactions, avoid discrimination); Responsible Behaviour (create environments that are conducive to learning, model professional behavior, support an environment of safety and trust); Excellence (nurture professional growth).
2	Resident	Mistreatment Report	Clinical	Closed	Anonymous concern. Second anonymous concern about individual on same day. Lack of respectful interactions, delayed care for patient.	Discussed at triage committee. Because of anonymous concern, and able to identify situation through submission, did not proceed with concern. Continued monitoring.	Lack of: Respect and Civility (maintain respectful interactions); Responsible Behaviour (assure that patient care assumes the highest priority in clinical setting); Excellence (foster professionally collaborative models of care).
3	Resident	Mistreatment Report	Clinical	Closed	Anonymous concern. Second anonymous concern about individual on same day. Lack of respectful interactions in a public setting, did not support an environment for safety.	Discussed at triage committee. Because of anonymous concern, and able to identify situation through submission, did not proceed with concern. Continued monitoring.	Lack of: Respect and Civility (maintain respectful interactions); Responsible Behaviour (assure that patient care assumes the highest priority in clinical setting); Excellence (foster professionally collaborative models of care); Confidentiality (respect privacy of learners and colleagues).
4	Faculty Member	Mistreatment Report	Clinical	Closed	Third party submission: perceived pattern of not creating an environment respectful of, or conducive to learning and learner safety.	Met with Reporter. Then, met with individual involved. Individual did not wish to move ahead with concern. Communicated this to Reporter. Continued monitoring.	Lack of: Responsible behavior (create environments to learning; support an environment of safety and trust); Excellence (nurture professional growth).



Person's Role	Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior
5 Resident	Mistreatment Report	Non-Clinical	Closed	Perceived pattern of harassment of colleague. Lack of respect for professional boundaries.	Met with Reporter. Advocacy & Wellness and PGME already involved for support and safety. Subject on leave. Subject returned to work setting at later date. Attempted follow-up with Reporter at later date. Unable to contact Reporter. Discussed at triage committee. Concern closed.	Lack of: Respect & Civility (maintain respectful interactions, respect autonomy and personal boundaries of others); Responsible behavior (model professional behavior), University Discrimination & Harassment policy.
6 Lecturer	Mistreatment Report	Non-Clinical	Closed	Multiple concerns about same event. Perceived discriminatory comments, lack of respect for learners, unprofessional comments and behaviour.	Discussed at triage committee. Named concern and multiple anonymous concerns. Agreed to proceed with concern submission. Letter sent to Supervisor. Supervisor and professionalism dean met with individual. Insight and remorse demonstrated.	Lack of: Respect (maintain respectful interactions, avoid discrimination); Responsible behaviour (model professional behaviour, create environments conducive to learning).
7 Faculty Member	Mistreatment Report	Clinical	Closed	Discrimination towards learners.	Subject did not wish to move forward with concern. Concern Closed.	Lack of: Respect (avoid discrimination, maintain respectful boundaries).
8 Faculty Member	Mistreatment Report	Clinical	Closed	Lack of medical record keeping.	Anonymous concern. Discussed at triage committee, agreed to move ahead with concern. Concern forwarded to Chair. Chair met with Subject, and reviewed importance of medical record keeping. Concern closed.	Lack of: Responsible behaviour (assure that patient care assumes the highest priority in the clinical setting).
9 Faculty Member	Mistreatment Report	Clinical	Closed	Lack of respectful comments about a patient.	Met with Reporter. Discussed at triage committee. Decided to move ahead with anonymous concern. Letter sent to Chair. Chair met with Subject. He had insight and remorse about the event. Concern closed.	Lack of: Respect & Civility (maintain respectful interactions) Responsible behavior (support an environment of safety and trust, assure that assessments and evaluations are conducted in a fair, equitable manner); Excellence (nurture professional growth).



Person's Role	Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior
10 Faculty Member	Mistreatment Report	Non-Clinical	Closed	Subject responsible for tardy exam start, then repeated interrupted exam.	Reporter wished to remain anonymous. Reviewed by triage committee - decided to anonymize concern. Communicated to Chair. Chair met with Subject, reviewed wellness, created strategies to lighten workload and aid in successful workplace functioning going forward.	Lack of: Responsible Behaviour (create environments that are conducive to learning; model professional behaviour).
11 Faculty Member	Mistreatment Report	Non-Clinical	Closed	Third party submission: Perceived pattern of discriminatory and harassing comments, and lack of respect around medical accommodation. Lack of confidentiality maintained. Lack of respect of professional and personal boundaries.	Met with Reporter. Reporter did not wish to move ahead with concern. Discussed at triage committee. Education supervisor met with Subject re: feedback around professional boundaries. Concern closed.	Lack of: Respect & Civility (maintain respectful interactions, respect personal boundaries of others); Lack of Confidentiality (respect privacy of learners and colleagues).
12 Faculty Member	Mistreatment Report	Clinical	Closed	Inappropriate language in the workplace in front of a learner, "locker room talk."	Met with Reporter. Reporter wished to remain anonymous. Discussed at triage committee. Decided to move ahead with constructive feedback to Subject, about appropriate language in the workplace. Communicated this to Chair. Chair met with Subject. Subject showed insight. Concern closed.	Lack of: Respect & Civility (maintain respectful interactions, respect personal boundaries of others); Responsible behaviour (model professional behaviour)
13 Faculty Member	Mistreatment Report	Clinical	Closed	Lack of constructive feedback, perceived pattern of behaviour.	Anonymous concern. Discussed at triage committee. Because could identify Reporter through context of report, decided not to move ahead with report. Continued monitoring.	Lack of: Respect & Civility (maintain respectful interactions); Responsible Behavior (create environments that are conducive to learning) Excellence (nurture professional growth).



Person's Role	Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior	
14	Faculty Member	Mistreatment Report	Clinical	Closed	Lack of respectful interaction around trying to optimize patient care. Lack of collaboration around patient care.	Met with Reporter. Letter sent to Chair. Designate of Chair met with Subject. Limited insight into concern. Continued monitoring.	Lack of: Respect & Civility (maintain respectful interactions); Responsible behavior (assure that patient care assumes the highest priority in the clinical setting, support an environment of support, take personal responsibility for actions).
15	Faculty Member	Mistreatment Report	Clinical	Closed	Perceived intimidation of learners. Perceived lack of optimized care for a patient.	Third party submission. Met with Reporter, sent letter to Chair. Designate met with Subject of Concern. AHS review of case - did not have concerns around care offered to patient. Prof Assoc Dean met with learners, received constructive feedback for Subject. Chair designate met with Subject to work on subjective feedback going forward.	Lack of: Respect & Civility (maintain respectful interactions); Responsible behavior (assure that patient care assumes the highest priority in the clinical setting).
16	Faculty Member	Mistreatment Report	Clinical	Closed	Perceived pattern of lack of attention at work, difficult to contact on-call, engagement with clinical duties, lack of optimizing patient care.	Third party submission. Letter sent to Divisional Director. Divisional Director alerted AHS, CPSA contacted re: patient care, Divisional Director and Associate Dean met with Subject. Removed from clinical care and learners indefinitely.	Lack of: 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).
17	Faculty Member	Mistreatment Report	Clinical	In Progress	Perceived pattern of inappropriate lack of respect for professional and personal boundaries.	Third party submission. Letter sent to Chair. Chair met with Subject. Subject showed insight and remorse. Independent submission of concerns to AHS. AHS investigation ongoing. Subject informally removed from working with learners in workplace indefinitely.	Lack of: Honesty (communicate truthfully with learners); Respect (respect personal boundaries of others); Responsible Behavior (support an environment of safety and trust).



Person's Role		Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior
18	Faculty Member	Mistreatment Report	Clinical	Closed	Perceived pattern of harassment, inappropriate comments to learners, and inadequate support of learners.	Third party submission. Reporter did not wish to come forward. Continued monitoring.	Lack of: Respect & Civility (maintain respectful interactions); Responsible behavior (create environments conducive to learning, model professional behavior, support an environment of safety & trust).
19	Faculty Member	Mistreatment Report	Clinical	Closed	Perceived pattern of harassment, inappropriate comments to learners, and inadequate support of learners.	Third party submission. Reporter did not wish to come forward. Continued monitoring.	Lack of: Respect & Civility (maintain respectful interactions); Responsible behavior (create environments conducive to learning, model professional behavior, support an environment of safety & trust).
20	Faculty Member	Mistreatment Report	Non-Clinical	Closed	Perceived lack of respectful comments to health professionals around patient care.	Anonymous concern. Discussed at triage committee. Associate Dean Professionalism approached Subject. Subject showed insight and remorse.	Lack of: Respect & Civility (maintain respectful interactions).
21	Faculty Member	Mistreatment Report	Clinical	Closed	Perceived disrespect, mistreatment of learner and discriminatory comments.	Anonymous concern, and able to identify Reporter through context of report. Reviewed concern with triage committee. Through discussion, decided against moving ahead with concern, as able to identify anonymous reporter. Concern closed.	Lack of: Respect & Civility (maintain respectful interactions); Responsible behaviour (create environments conducive to learning, model professional behaviour, support an environment of safety and trust).
22	Faculty Member	Mistreatment Report	Non-Clinical	Closed	Similar submission around intimidation of learners, and lack of supportive environment for learners around patient care.	Anonymous concern. Temporarily related to named concern from PGME. Therefore, added to PGME concern.	Lack of: Respect & Civility (avoid discrimination, maintain respectful interactions); Confidentiality (respect privacy of learners); Responsible behavior (create environments conducive to learning, support an environment of safety and trust).



Person's Role		Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior
23	Administrative Staff	Mistreatment Report	Non-Clinical	Closed	Comments with discrimination and disrespect.	Concern submitted > 6 months previous. Discussed at Triage committee. Decision to discuss with Vice Dean Faculty Affairs. Did not proceed with concern as out of time frame of University submission of concerns.	Lack of: Respect & Civility (avoid discrimination, maintain respectful interactions).
24	Resident	Mistreatment Report	Clinical	Closed	Perceived pattern of misogynistic comments to learners, gossip and lack of confidentiality around learners, threats, bullying comments and intimidation. Inappropriate professional conduct in patient care.	Third party submission. Letter sent to Chair. Chair delegate met with Subjects. All Subjects showed insight and remorse. Three Subjects returned to working with learners after review of situation and process. One Subject decided to remove self from learners indefinitely. Concern Closed.	Lack of: Respect & Civility (avoid discrimination, maintain respectful interactions; respect the autonomy and personal boundaries of others); Responsible behaviour (model professional behaviour; support and environment of safety and trust).
25	Administrative Staff	Mistreatment Report	Non-Clinical	Closed	Perceived lack of respectful comments and lack of supporting an environment of safety and trust.	Anonymous concern. Discussed at Triage committee. Decision to reach out to Administrative Office Supervisor. Agreed to speak to front desk staff. Insight demonstrated. Concern closed.	Lack of: Respect and Civility (maintain respectful interactions with others); Responsible Behavior (support an environment of safety and trust).
26	Health Professional	Mistreatment Report	Clinical	Closed	Inappropriate comments and gossip in the workplace.	Anonymous concern. Discussed at Triage committee. Because could identify Reporter through context of report, decided not to move ahead with report. Continued monitoring.	Lack of: Confidentiality (respect privacy of learners and colleagues); Respect & Civility (maintain respectful interactions with others).
27	Faculty Member	Mistreatment Report	Clinical	Closed	Perceived lack of respect towards learners, lack of adequate learner supervision, safety and education to service ratio, threatening comments to student, and lack of respect around workplace rules.	Third party submission. Letter sent to Chair. Chair met with Subject. Subject showed insight and remorse, and supported by Chair going forward. Concern closed.	Lack of: Responsible behaviour (create environments conducive to learning; support an environment of safety and trust).



Person's Role	Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior
28 Health Professional	Mistreatment Report	Clinical	Closed	Inappropriate harassment and treatment of learners.	Third party submission. Learner did not wish to come forward despite multiple attempts to contact. Discussed at Triage committee meeting. Concern closed.	Lack of: Respect & Civility (avoid discrimination); Responsible Behavior (model professional behavior).
29 University Organization	Mistreatment Report	Non-Clinical	Closed	Inappropriate gender bias and sexism around public materials.	Anonymous concern. Multiple other anonymous and named concerns. Discussed at Triage committee. Agreed to go ahead with concern. Met with Supervisor. Apology expressed.	Lack of: Respect & Civility (avoid discrimination); Responsible Behavior (model professional behavior).
30 Faculty Member	Mistreatment Report	Non-Clinical	Closed	Conflict of interest, disrespect of learners, public humiliation, balance between graduate student supervision vs autonomy.	Third party submission. Met with Chair. Reviewed concern and actions. Associate Dean met with Subject of report, Subject demonstrated insight and remorse. Subject is pursuing education initiatives around supervision of learners, teaching and feedback.	Lack of: Respect and Civility (maintain respectful interactions), Responsible behavior (support an environment of safety and trust).
31 Administrator	Mistreatment Report	Non-Clinical	Closed	Lack of sensitivity to Reporter's ongoing issues and empathy expressed by Subject.	Initially anonymous submission. Then, Reporter contacted Office of Professionalism. Communicated with Reporter. Wished to remain anonymous. Communicated with Chair. Chair agreed to meet with Subject, review concerns and look for insight. Concern closed.	Lack of: Respect and Civility (maintain respectful interactions, avoid discrimination).
32 Faculty Member	Mistreatment Report	Non-Clinical	Closed	Lack of respectful interaction and comments.	Met with Reporter. Reviewed with Vice Dean Faculty Affairs. Asked to submit formal Article 7 to Central University Relations. Submitted Article 7. Investigated by Faculty Relations. Concern Closed.	Lack of: Respect & Civility (maintain respectful interactions).



Person's Role	Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior	
33	Faculty Member	Mistreatment Report	Clinical	Closed	Perceived lack of respect towards learners, and lack of respect around workplace rules.	Anonymous concern. Discussed at triage committee. Because could identify Reporter through context of report, decided not to move ahead with report. Continued monitoring.	Lack of Respect & Civility (maintain respectful interactions); Responsible Behavior (model professional behavior).
34	Faculty Member	Mistreatment Report	Non-Clinical	Closed	Perceived discriminating comments and questions, perceived lack of respect of learners.	Met with Reporter. Supervisor met with Subject. Independent submission of other viewpoints of event. Most likely miscommunication. Closed concern.	Lack of Respect & Civility (avoid discrimination, maintain respectful interactions).
35	Faculty Member	Mistreatment Report	Clinical	Closed	Perceived inability to access Subject for patient care. Lack of respect upon communication.	Anonymous concern. No previous concerns. Discussed at triage committee meeting. Since able to identify Reporter through context of concern, closed concern. Continued monitoring.	Lack of Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting).



CONCERNS 2018-19	Total number of Professionalism Concerns = 21: Role of person named: Faculty (13), Lecturer (3), Resident (2), Student (1), Postgraduate (1), Unknown (1). Setting: Clinical (12), Non-Clinical (9). Status: Closed (20), In-progress (1).						
Person's Role	Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior	
1	Faculty Member	Concern Report	Clinical	Closed	Third party submission: Perceived lack of constructive feedback.	Chair & Professionalism Dean met with individual: Level II - non-punitive pattern awareness intervention: Met with individual, insight demonstrated, and independently initiated registration into teaching workshops.	Lack of: Responsible behaviour (support an environment of safety and trust); assure that assessments and evaluations are conducted in a fair and equitable manner).



Person's Role	Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior	
2	Faculty Member	Concern Report	Clinical	Closed	Third party submission: Perceived pattern of intimidation of learners, Perceived lack of constructive feedback, perceived shame-based teaching style.	Chair & Professionalism Dean met with individual: Level II - non-punitive awareness intervention: Met with individual, insight demonstrated, agreed to voluntary faculty coaching plan x 6 months, successfully completed plan.	Lack of: Respect & Civility (maintain respectful interactions) Responsible behavior (support an environment of safety and trust, assure that assessments and evaluations are conducted in a fair, equitable manner); Excellence (nurture professional growth).
3	Faculty Member	Concern Report	Clinical	Closed	Third party submission: Perceived pattern of disruptive work environment behavior: yelling, bullying learners in public settings, requesting learners to carry out inappropriate tasks.	Chair & Professionalism Dean met with individual: meeting 1: Level II - non-punitive awareness intervention, agreed to faculty coaching action plan - did not complete, repeated concerns: Level III - mandatory faculty action plan - did not complete. Removed from learners. On leave.	Lack: of Respect and Civility (maintain respectful interactions, avoid discrimination); Responsible Behaviour (create environments that are conducive to learning, model professional behavior, support an environment of safety and trust); Excellence (nurture professional growth).
4	Faculty Member	Concern Report	Clinical	In Progress	Third party submission: Perceived pattern of discrimination against learners, lack of respect towards learners, lack of confidentiality in the work environment.	Chair & Professionalism Dean met with individual: meeting 1: Level II - non-punitive awareness intervention, continued monitoring, repeated concerns: Level III - faculty action plan, removed from learners. Action plan: completed phase 1, phase 2 ongoing - graduated return to learners.	Lack of: Respect and Civility (maintain respectful interactions, avoid discrimination); Responsible Behaviour (create environments that are conducive to learning, model professional behavior, support an environment of safety and trust); Excellence (nurture professional growth); Confidentiality (respect privacy).
5	Faculty Member	Concern Report	Non-Clinical	Closed	Third party submission: Inappropriate professional use of social media with perceived discrimination and harassment.	Letter sent to Chair; Chair met with individual; Individual showed insight and remorse, agreed to and completed faculty-coaching plan around recognition of diversity, submitted written apology.	Lack of: Integrity (respect privacy); Respect and Civility (avoid discrimination); Responsible behaviour (model professional behaviour), FoMD Freedom of Expression Guidelines, University Discrimination & Harassment policy.



Person's Role		Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior
6	Faculty Member	Concern Report	Clinical	Closed	Third party submission: Perceived pattern of discrimination against learners, lack of respect towards learners.	Chair & Associate Dean Professionalism met with individual. Level II – non-punitive pattern awareness intervention: individual showed insight to situation and remorse. Initially agreed to faculty coaching plan - did not complete. On leave.	Lack of: Respect and Civility (maintain respectful interactions, avoid discrimination); Responsible Behaviour (create environments that are conducive to learning, model professional behavior, support an environment of safety and trust); Excellence (nurture professional growth).
7	Faculty Member	Concern Report	Clinical	Closed	Third party submission: Perceived pattern of behaviours, second professionalism concern for same individual. Lack of appropriate delegation and supervision of learners, lack of communication and teamwork, respecting professional boundaries.	Chair & Associate Dean Professionalism met with individual. Level II - non-punitive pattern awareness intervention: individual showed insight to situation. Agreed to faculty coaching plan, repeated, similar concerns submitted during action plan. Chair & Faculty Affairs met with individual: individual showed insight and remorse. Re-initiated faculty-coaching plan. Completed successfully.	Lack of: Respect and civility (respect autonomy and personal boundaries for others); Responsible Behaviour (assure patient care assumes highest priority in clinical setting; create environments conducive to learning; model professional behavior); Excellence (foster professionally collaborative models of care).
8	Faculty Member	Concern Report	Non-Clinical	Closed	Third party submission: perceived pattern of discrimination against learner, lack of constructive feedback to learner, curriculum structure concerns raised.	Letter sent to Supervisor. Supervisor met with individual. Apparent miscommunications and misunderstandings, review of curriculum structure completed.	Lack of: Respect & Civility (avoid discrimination); Responsible behaviour (create environments conducive to learning; support an environment of safety and trust).
9	Lecturer	Concern Report	Non-Clinical	Closed	Multiple concerns about same event. Perceived discriminatory comments, lack of respect for learners, unprofessional comments and behaviour.	Discussed at triage committee. Named concern and multiple anonymous concerns. Agreed to proceed with concern submission. Letter sent to Supervisor. Supervisor and professionalism dean met with individual. Insight and remorse demonstrated.	Lack of: Respect (maintain respectful interactions, avoid discrimination); Responsible behaviour (model professional behaviour, create environments conducive to learning).



Person's Role	Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior
10 Lecturer	Concern Report	Non-Clinical	Closed	Multiple concerns about same event. Perceived discriminatory comments, lack of respect for learners, unprofessional comments and behaviour.	Discussed at triage committee. Named concern and multiple anonymous concerns. Agreed to proceed with concern submission. Letter sent to Supervisor. Supervisor and professionalism dean met with individual. Insight and remorse demonstrated.	Lack of: Respect (maintain respectful interactions, avoid discrimination); Responsible behaviour (model professional behaviour, create environments conducive to learning).
11 Student	Concern Report	Non-Clinical	Closed	Multiple Subjects: Lack of respect for personal boundaries of others; inappropriate use of the workplace setting.	Letter sent to Supervisor. Supervisor met with group of individuals. Insight demonstrated and remorse. Will have more supervision in the work setting going forward.	Lack of: Respect and civility (respect personal boundaries of others); Responsible behaviour (model professional behaviour).
12 Lecturer-Psychologist	Concern Report	Non-Clinical	Closed	Multiple concerns about same event. Perceived discriminatory comments, lack of respect for learners, unprofessional comments and behaviour.	Discussed at triage committee. Named concern and multiple anonymous concerns. Agreed to proceed with concern submission. Letter sent to Supervisor. Supervisor and professionalism dean met with individual. Insight and remorse demonstrated.	Lack of: Respect (maintain respectful interactions, avoid discrimination); Responsible behaviour (model professional behaviour, create environments conducive to learning).
13 Faculty Member	Concern Report	Clinical	Closed	Concern around care from health provider as a patient.	Concern forwarded to Alberta Health Services, with Reporter's consent. Concern closed.	Lack of: Responsible behaviour (assure that patient care assumes the highest priority, model professional behaviour).
14 Resident	Concern Report	Clinical	Closed	Third party submission: perceived violation of patient confidentiality and record keeping.	Letter sent to FoMD Privacy Officer - conducted audit and investigation into concern. Concluded that confidentiality was not compromised, and that there was no tampering of medical record keeping.	Lack of: Confidentiality (respect privacy of patients).
15 Faculty Member	Concern Report	Clinical	Closed	Inappropriate language in the workplace in front of a learner.	Supervisor met with Subject and Reporter. Insight and remorse demonstrated. Concern closed.	Lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (model professional behaviour).



Person's Role		Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior
16	Faculty Member	Concern Report	Clinical	Closed	Intimidating teaching style and disrespectful teaching style.	Chair & Associate Dean Professionalism met with individual. Level II - non-punitive pattern awareness intervention: individual denied disrespectful interactions with learners. Connected to feedback workshop opportunities and resources. Continued monitoring.	Lack of: Respect & Civility (maintain respectful interactions); Responsible Behavior (create environments that are conducive to learning); Excellence (nurture professional growth).
17	Resident	Concern Report	Clinical	Closed	Disrespectful comments around consultation in emergency.	Anonymous concern. Discussed at Triage committee. Since could identify interaction from context of report, decided not to move ahead with concern. Continued monitoring.	Lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting).
18	Faculty Member	Concern Report	Non-Clinical	Closed	Perceived pattern of discrimination and unequal treatment of learners.	Anonymous concern. Discussed at Triage committee. Could identify Reporter through context of concern. Decided not to go ahead with submitting concern. Continued monitoring.	Lack of: Respect & Civility (avoid discrimination).
19	Faculty Member	Concern Report	Clinical	Closed	Perceived intimidation of learners, and inappropriate harassment, comments in the workplace.	Met with Reporter. Reporter did not wish to move ahead with concern. Discussed with triage committee. Because Reporter could be identified through context of Report, only moved ahead with accommodation of Learner. Concern closed.	Lack of: Respect & Civility (maintain respectful interactions); Responsible behaviour (model professional behaviour).
20	Postgraduate Admission Interview	Concern Report	Non-Clinical	Closed	Perceived discriminating comments and questions, crossing of professional and personal boundaries.	Letter sent to Chair. Chair met with both Subjects. Insight was demonstrated by both Subjects. Concern closed.	Lack of: Respect & Civility (respect autonomy and personal boundaries of others).



Person's Role		Report Type	Setting	Status	Anonymized Description	Summary of Action Taken	FoMD Themes of Behavior
21	Unknown	Concern Report	Non-Clinical	Closed	Inappropriate gender bias and sexism around public materials.	Anonymous concern. Multiple other anonymous and named concerns. Discussed at Triage committee. Agreed to go ahead with concern. Met with Supervisor. Apology expressed.	Lack of: Respect & Civility (avoid discrimination); Responsible Behavior (model professional behavior).