



**UNIVERSITY  
OF ALBERTA**

**FACULTY OF MEDICINE & DENTISTRY**

# **Office of Professionalism**

## **Annual Report**

The Professionalism Online Reporting System

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

2022-2023

<b>Professionalism ACCOLADES 2022-23</b>		<b>Total Number of Accolades = 10. Role of person named: Faculty (5), Resident (1), Student (2), Administrative Staff (1), Health Professional (1). Setting: Non-Clinical (3), Clinical (7). Status: Closed (10).</b>					
<b>Report Type</b>		<b>Person's Role</b>	<b>Status</b>	<b>Setting</b>	<b>Anonymized Description</b>	<b>Professionalism Values</b>	<b>Outcomes/Actions</b>
1	Accolade Report	Student	Closed	Non-Clinical	Perceived excellence in supporting students and learners.	Perceived excellence in: Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting; model professional behaviour).	Accolade forwarded to Individual & Individual's supervisor.
2	Accolade Report	Faculty Member	Closed	Clinical	Perceived excellence in supporting care teams, collaborating with colleagues and excellence in patient care.	Perceived excellence in: Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting; model professional behaviour); Excellence & Inquiry (foster professionally collaborative models of care); Excellence in teaching and learner support.	Accolade forwarded to Individual & Individual's supervisor.
3	Accolade Report	Faculty Member	Closed	Clinical	Perceived excellence in supporting care teams, collaborating with colleagues and excellence in patient care. Excellence in supporting learners and teaching.	Perceived excellence in: Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting; model professional behaviour, going above and beyond for given patient).	Accolade forwarded to Individual & Individual's supervisor.
4	Accolade Report	Resident	Closed	Clinical	Perceived excellence in supporting the clinical care team. Perceived to go above and beyond for a patient.	Perceived excellence in: Responsible Behaviour (assure that patient care assumes the highest priority in the clinical setting; model professional behaviour); Excellence & Inquiry (foster professionally collaborative models of care).	Accolade forwarded to Individual & Individual's supervisor.
5	Accolade Report	Faculty Member	Closed	Clinical	Perceived excellence in patient care and communication to clinical colleagues. Perceived excellence in supporting junior learners.	Perceived excellence in: Excellence & Inquiry (foster professionally collaborative models of care, support all members of the clinical team). Excellence in teaching.	Accolade forwarded to Individual & Individual's supervisor.
6	Accolade Report	Student	Closed	Clinical	Perceived excellence in supporting a colleague.	Perceived excellence in: Responsible Behaviour (extending compassion and support to colleagues).	Accolade forwarded to Individual & Individual's supervisor.

7	Accolade Report	Faculty Member	Closed	Non-Clinical	Perceived excellence in support of learners on campus and connection of said learners to resources.	Perceived excellence in: Responsible Behaviour (extending compassion to colleagues); Honesty, Integrity and Confidentiality.	Accolade forwarded to Individual & Individual's supervisor.
8	Accolade Report	Administrative Staff	Closed	Non-Clinical	Perceived excellence in support of a colleague in distress.	Perceived excellence in: Responsible Behaviour (extending compassion and support to colleagues).	Accolade forwarded to Individual & Individual's supervisor.
9	Accolade Report	Health Professional	Closed	Clinical	Perceived excellence in patient care and communication to clinical colleagues. Perceived excellence in supporting junior learners. Excellence in collegiality and team work in a resource poor environment.	Perceived excellence in: Responsible Behaviour (assured that patient care assumes the highest priority in the clinical setting; model professional behaviour); Excellence & Inquiry (foster professionally collaborative models of care).	Accolade forwarded to Individual & Individual's supervisor.
10	Accolade Report	Faculty Member	Closed	Clinical	Perceived excellence in patient care, student support, leadership and collegiality.	Perceived excellence in: Respect and Civility; Honesty, Integrity and Confidentiality; Responsible Behaviour.	Accolade forwarded to Individual & Individual's supervisor.

<b>MISTREATMENT Concerns 2022-23</b>		<b>Total number of Mistreatment Reports: 81. Role of person named: Faculty Member (48), Health Professional (6), Student (14), Administrative Staff (6), Resident (2), Principal Investigator (1), DL Facilitator (1), Preceptor (2), Part-time Clinic Instructor (1). Status: Closed (80), In-progress (1). Setting: Clinical (44), Non-Clinical (37).</b>					
<b>Report Type</b>	<b>Person's Role</b>	<b>Status</b>	<b>Setting</b>	<b>Anonymized Description</b>	<b>Professionalism Values</b>	<b>Outcomes/Actions</b>	
1	Mistreatment Report	Faculty Member	In Progress	Clinical	Perceived disrespectful comments - gender bias, misogynistic statements in public learning settings. Inappropriate transgression of boundaries regarding physical touch in Clinical settings. Public shaming and disparaging language used towards learners.	Perceived lack of: Respect and Civility (discriminatory language, disrespectful language); Responsible Behaviour (transgression of physical boundaries, misogynistic language); Excellence and Inquiry (poor team dynamics, creation of unsafe environment).	Met with reporter. Concern forwarded to Educational Leads and information gathered regarding concerns. Discussed at Triage. Met with group of learners. Meeting summary reviewed with learners. Concern forwarded to Department Lead.
2	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named Concern. Perceived disrespect in email communication between educational leaders.	Perceived lack of: Respect and Civility; Responsible Behaviour.	Met with reporter. Concern forwarded to Educational Leads and further information to be gathered. Agreement brokered between reporter and Educational Leads. Concern closed.
3	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named Concern. Perceived unfairness regarding a hiring process related to one candidate getting an unfair advantage over others.	Perceived lack of: Honesty, Integrity and Confidentiality.	Met with reporter. Concern forwarded to appropriate FoMD officer. Concerns in hiring process resolved. Concern closed.
4	Mistreatment Report	Faculty Member	Closed	Clinical	Named Concern. Perceived unprofessional Behaviour towards learners using discriminatory language.	Perceived lack of: Respect and Civility; Responsible Behaviour.	Met with reporter. Concern reported to the Department Lead. Department Lead responsive to reporter concerns and education offered. Concern closed.
5	Mistreatment Report	Faculty Member	Closed	Clinical	Third Party Concern. Education Lead submitting concern on behalf of a learner. Perceived disrespectful language towards learner, public humiliation, creation of psychologically unsafe learning environment.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry.	Met with reporter. Sent to Department Lead as an anonymous concern. Discussed at Triage Committee meeting. Concern closed.

6	Mistreatment Report	Health Professional	Closed	Clinical	Named Concern. Perceived disrespect in communication with learners, public shaming during learning encounters and Perceived unfairness in learner evaluation in a Clinical setting.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry.	Met with reporter. Reporter wanted to log concern. Discussed at Triage Committee. Closed concern.
7	Mistreatment Report	Faculty Member	Closed	Clinical	Anonymous Concern. Perceived disrespect to learners in a Clinical environment.	Perceived lack of: Respect and Civility; Responsible Behaviour.	Concern discussed at Triage Committee. Concern logged and closed due to anonymous and unverifiable nature.
8	Mistreatment Report	Faculty Member	Closed	Clinical	Named Concern. Perceived discriminatory comments made by a preceptor in the presence of learners creating a psychologically unsafe environment.	Perceived lack of: Respect and Civility; Responsible Behaviour.	Met with reporter. Reporter decided not to go forward with concern. Concern closed.
9	Mistreatment Report	Student	Closed	Non-Clinical	Anonymous Concern. Perceived use of disrespectful language with fellow students and during program selection processes.	Perceived lack of: Respect and Civility; Responsible Behaviour.	Discussed at Triage Committee. Report too vague and too remote to act on. Concern closed.
10	Mistreatment Report	Faculty Member	Closed	Clinical	Anonymous Concern. Perceived disrespectful and misogynistic language used toward learners in a clinical environment.	Perceived lack of: Respect and Civility.	Discussed at Triage Committee. Concern forwarded to the Department Lead who met with Professionalism Dean. Concern resolved and closed.
11	Mistreatment Report	Student	Closed	Non-Clinical	Named Concern. Perceived inappropriate language used in the promotion of an FoMD affiliated event.	Perceived lack of: Respect and Civility; Responsible Behaviour.	Met with Reporter. Event cancelled. Concern closed.
12	Mistreatment Report	Faculty Member	Closed	Clinical	Third Party Concern. Perceived lack of professionalism with learners, apparent disrespect of learners, use of discriminatory language.	Perceived lack of: Respect and Civility; Responsible Behaviour.	Third party report. Preceptor removed from learners. Remediation completed. Concern closed.
13	Mistreatment Report	Faculty Member	Closed	Clinical	Third Party Concern. Perceived lack of professionalism due to communication of potentially medically inaccurate information.	Perceived lack of: Responsible Behaviour.	Third Party Report. Subject of report met with. Remediation completed. Concern closed.
14	Mistreatment Report	Faculty Member	Closed	Clinical	Named Concern. Perceived disrespectful communication towards a learner and denial of learning opportunities.	Perceived lack of: Respect and Civility; Excellence and Inquiry.	Met with reporter. Reporter decided not to go forward with concern. Concern closed.

15	Mistreatment Report	Faculty Member	Closed	Clinical	Named Concern. Perceived disrespectful communication towards a learner. Perceived public shaming and aggressive verbal communication involving a learner in a Clinical environment.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry.	Met with reporter. Reporter decided not to go forward with concern. Concern closed.
16	Mistreatment Report	Faculty Member	Closed	Clinical	Anonymous Concern. Perceived disrespect toward learners in a Clinical environment. Perceived creation of a psychologically unsafe learning environment.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry.	Discussed at Triage Committee. Report had insufficient detail to move forward. Concern closed.
17	Mistreatment Report	Student	Closed	Non-Clinical	Anonymous Concern. Perceived unprofessional communication and behaviour during programming selection process.	Perceived lack of: Respect and Civility.	Discussed at Triage Committee. Concern forwarded to the Educational Lead. Concern closed.
18	Mistreatment Report	Health Professional	Closed	Clinical	Anonymous Concern. Perceived use of discriminatory and racist language by a preceptor towards a patient in a Clinical environment.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry (also contravenes Antiracism Policy).	Discussed at Triage Committee. Report had insufficient detail to move forward. Closed concern.
19	Mistreatment Report	Administrative Staff	Closed	Non-Clinical	Anonymous Concern. Perceived misuse of allocated FoMD funding.	Perceived lack of: Honesty, Integrity, and Confidentiality.	Discussed at Triage Committee. Report lacked sufficient detail to move forward. Concern closed and logged.
20	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Anonymous Concern. Perceived bias in a search and selection committee.	Perceived lack of: Honesty, Integrity, and Confidentiality; Responsible Behaviour.	Discussed at Triage Committee. Discussed with Faculty Lead. Reported to committee chair. Concern logged and closed.
21	Mistreatment Report	Administrative Staff	Closed	Clinical	Anonymous Concern. Perceived breach of learner confidentiality and dishonesty by administrative staff in an educational program.	Perceived lack of: Honesty, Integrity, and Confidentiality.	Discussed at Triage Committee. Subject of report contacted and events around the report clarified. Concern resolved, logged and closed.
22	Mistreatment Report	Administrative Staff	Closed	Clinical	Anonymous Concern. Perceived misuse of allocated FoMD funding.	Perceived lack of: Honesty, Integrity, and Confidentiality.	Discussed at Triage Committee. Report lacked sufficient detail to move forward. Concern closed and logged.
23	Mistreatment Report	Health Professional	Closed	Clinical	Anonymous Concern. Perceived unprofessional communication with members of the care team and with patients in the Clinical environment, leading to poorer Clinical outcome.	Perceived lack of: Respect and Civility; Responsible Behaviour.	Discussed at Triage Committee. Concern forwarded to Professionalism Dean. Concern logged and closed.

24	Mistreatment Report	Administrative Staff	Closed	Non-Clinical	Anonymous Concern. Perceived unprofessional communication by an administrator toward a group of learners. Perceived breakdown in administrative processes leading to suboptimal learning environment.	Perceived lack of: Respect and Civility; Responsible Behaviour.	Discussed at Triage Committee. Report forwarded to Educational lead and issue resolved within program. Concern logged and closed.
25	Mistreatment Report	Student	Closed	Clinical	Anonymous Concern. Perceived breach of patient confidentiality, of patient information by a learner in a Clinical setting.	Perceived lack of: Honesty, Integrity, and Confidentiality.	Discussed at Triage Committee. Educational program for the learner addressed concern within program. Concern logged and closed.
26	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Anonymous Concern. Perceived creation of a psychologically unsafe working/learning environment through lack of communication and transparency, social isolation and lack of support.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry.	Met with Reporter who wished to log this concern anonymously. Concern logged and closed.
27	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Anonymous Concern. Perceived creation of a psychologically unsafe working/learning environment through the inappropriate communication of feedback, lack of transparency in evaluation, social exclusion and isolation.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry.	Met with Reporter who wished to log this concern anonymously. Concern logged and closed as per reporter's wishes.
28	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named Concern. Perceived creation of a psychologically unsafe learning environment due to use of disparaging language, public shaming and bullying in a research setting.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry.	Met with Reporter. Discussed at Triage Committee. Subject of report met with and faculty mentor assigned. Remediation completed. Concern closed.
29	Mistreatment Report	Administrative Staff	Closed	Non-Clinical	Anonymous concern. Perceived mistreatment by a supervisor including inequality between different support staff, as well as belittling and bullying support staff.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust).	Forwarded to Department Lead and Faculty Lead for awareness and to address issue.
30	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived mistreatment and unprofessional Behaviours around feedback, communication and supervision. Not promoting a culture of well-being or safety.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Met with Reporter. Concerns forwarded to Department Lead to meet with staff. Department Lead met with staff, staff displayed insight and remorse. Concern closed.

31	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived mistreatment and unprofessional Behaviours around communication and supervision affecting patient care. Not promoting a culture of well-being or quality and safety.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Divisional director met with individual to address concerns and has documented.
32	Mistreatment Report	Faculty Member	Closed	Clinical	Anonymous Concern. Perceived mistreatment by a learner.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Met with identified staff who demonstrated insight and reflecting on different approaches to meet learner's needs moving forward. Concern closed.
33	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived mistreatment and unprofessional Behaviours around feedback, communication and supervision. Not promoting a culture of well-being or safety.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Met with Department Lead who has instituted formal coaching plan.
34	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived mistreatment and unprofessional Behaviours around feedback, communication and supervision. Not promoting a culture of well-being or safety.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust); Excellence & Inquiry (foster professionally collaborative models of care).	Met with reporter. Letter sent to Department Lead to address concerns.
35	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived mistreatment and unprofessional Behaviours around feedback, communication and supervision. Not promoting a culture of well-being or safety.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust); Excellence & Inquiry (foster professionally collaborative models of care).	Met with reporter. Letter sent to Department Lead to address concerns.



36	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Perceived concerns around professionalism issues such as inappropriate comments, issues with professional and personal boundaries, misogyny and lack of psychological safety due to disrespectful comments and intimidation.	Perceived lack of: Honesty, Integrity and Confidentiality. Confidentiality (communicate truthfully); Respect & Civility (maintain respectful interactions); Responsible Behaviour (model professional behaviour).	Met with reporter. Discussed at Triage Committee. Met with Faculty Lead and Faculty Relations. Formal mentorship plan has been put in place as individual demonstrated some insight regarding opportunities for improvement.
37	Mistreatment Report	Principal Investigator	Closed	Non-Clinical	Named concern. Perceived mistreatment and unprofessional Behaviours around feedback, communication and supervision. Not promoting a culture of well-being or safety.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust); Excellence & Inquiry (foster professionally collaborative models of care).	Discussed at Triage Committee as well with Faculty Lead. Formal mentorship plan put in place for supervisor.
38	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Perceived mistreatment by supervisor including discrimination, microaggressions and being threatened/intimidated.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust); Excellence & Inquiry (foster professionally collaborative models of care).	Forwarded to divisional director to meet with supervisor for information gathering and to address concern. Divisional director met with supervisor. Subject apologetic with offer of letter of apology.
39	Mistreatment Report	DL Facilitator	Closed	Non-Clinical	Named concern. Perceived mistreatment by staff in a classroom setting.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust).	Department Lead and Education Lead have met and will be conducting a meeting with the subject of the report. Pending that meeting will come up with a plan to help coach the subject on how to improve communication with students.
40	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived mistreatment of learners by staff from another department.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust); Excellence & Inquiry (foster professionally collaborative models of care).	Discussed at Triage Committee. Reporter did not want to pursue. Documented for tracking purposes as repeat Behaviours noted.

41	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived disrespect and mistreatment of learners in Clinical setting.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust).	Check in with Department Head as individual is undergoing formal remediation plan.
42	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Anonymous concern. Perceived bias and cultural discrimination in a classroom setting.	Perceived lack of: Respect & Civility (maintain respectful interactions, avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust).	Forwarded to Education Lead who led review of existing policies and opportunities for improvement. Education Lead met with Subjects and Course supervisor. Review of concern and processes that led to concern. Concern closed.
43	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Perceived unprofessional interactions with staff in a classroom setting that were disrespectful and non-collaborative.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Forwarded to supervisor to meet with individual in question.
44	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Concerns regarding perceived unprofessional Behaviours and bias affecting care of patients.	Perceived lack of: Responsible Behaviour.	Discussed at Triage Committee and involved AHS. Communicated with Department Lead. Department Lead did not have jurisdiction over Clinical setting. In communication with AHS - also no jurisdiction over private clinic setting. Concern closed.
45	Mistreatment Report	Student	Closed	Non-Clinical	Anonymous concern. Perceived unprofessional interactions with staff in a classroom setting that were disrespectful.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (model professional behaviour).	Concerns were forwarded to Faculty Lead who spoke with staff to assess perspectives and outline awareness around learning styles and accommodations as needed.
46	Mistreatment Report	Student	Closed	Non-Clinical	Named concern. Perceived unprofessional interactions with staff in a classroom setting that were disrespectful and lacked situational awareness.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (model professional behaviour).	Several attempts to meet with reporter. Concerns were forwarded to Education Lead to speak with named learner. Feedback to learner around strategies to communicate respectfully with educator and ensuring educational accommodations of learner are being met by UGME.

47	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Perceived unprofessional and misogynistic Behaviours.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust).	Met with reporter. Involved department head. Apologies as per FoMD guidelines.
48	Mistreatment Report	Health Professional	Closed	Clinical	Anonymous concern. Concerns regarding perceived lack of accountability and responsibility regarding patient care as well as collegial and collaborative interactions.	Perceived lack of: Respect and Civility; Responsible Behaviour (model professional behaviour).	Discussed at Triage Committee and escalated to medical director of site as care processes involved.
49	Mistreatment Report	Health Professional	Closed	Clinical	Anonymous concern. Concerns regarding perceived lack of accountability and responsibility regarding patient care as well as collegial and collaborative interactions.	Perceived lack of: Respect and Civility; Responsible Behaviour. (model professional behaviour).	Discussed at Triage Committee and escalated to medical director of site as care processes involved.
50	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived unprofessional behaviours including rudeness and disrespect.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust); Excellence & Inquiry (foster professionally collaborative models of care).	Several attempts to meet with reporter. Concerns forwarded to Department Head for feedback.
51	Mistreatment Report	Resident	Closed	Clinical	Anonymous concern. Concerns regarding perceived belittling and bullying of learners.	Perceived lack of: Psychological Safety; Respect and Civility (maintenance of respectful interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Forwarded to PD of program to meet and discuss with resident in question.
52	Mistreatment Report	Faculty Member	Closed	Clinical	Anonymous concern. Concerns regarding perceived lack of resources affecting patient care and responsiveness of leader.	Perceived lack of: Responsible Behaviour (assure that patient care assumes the highest priority in the Clinical setting; model professional behaviour, take personal responsibility for actions and decisions).	Discussed at Triage Committee meeting and forwarded to Faculty Lead and Department Head to support case for resources.
53	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Perceived abrupt and dismissive faculty email response to student request for shadowing.	Perceived lack of: Respect & Civility; Responsible Behaviour.	Repeated attempts to contact Reporter. After repeated attempts and discussion at Triage Committee, concern closed.

54	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Perceived inappropriate and unprofessional conduct during a staff meeting by leader. Asking to break confidentiality processes around search and selection process.	Perceived lack of: Psychological safety; Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (support and environment of safety and trust); Honesty and Integrity.	Discussed at Triage Committee meeting. Concerns closed as reporter did not want to move forward with sharing concerns with Department Head.
55	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Concerns regarding perceived unethical Behaviours including personal financial gain.	Perceived lack of: Honesty, Integrity and Confidentiality (communicate truthfully); Responsible Behaviour (model professional behaviour; take personal responsibility for actions and decisions).	Met with reporter, discussed at Triage Committee. Forwarded to Department Head & Faculty Lead for awareness and action as needed.
56	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived inappropriate unprofessional Behaviours including mistreatment of learners.	Perceived lack of: Psychological Safety; Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); Excellence & Inquiry (nurture professional growth).	Met with OAW personnel and Faculty Lead as well as residents from program. Learners removed. Reviews done by U Alberta and AHS leading to recommendations around processes and opportunities for improvement.
57	Mistreatment Report	Student	Closed	Non-Clinical	Anonymous Concern. Perceived disrespectful and unprofessional Behaviours leading to a toxic culture and not one of safety.	Perceived lack of: Psychological safety; Respect & Civility (maintain respectful interactions; avoid discrimination).	Forwarded to Departmental Lead for awareness and possible action.
58	Mistreatment Report	Student	Closed	Non-Clinical	Anonymous concern. Perceived lack of transparency and communication regarding financial expenditures.	Perceived lack of: Honesty and Integrity (communicate and act truthfully); Responsible Behaviour (model professional behaviour; take personal responsibility for actions and decisions).	Forwarded to Faculty Lead who engaged OAW and FoMD CFO to review existing policies and opportunities for improvement.
59	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Concerns regarding perceived mistreatment, disrespect, and creating a learning environment that was not psychologically safe.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (model professional behaviour); Excellence & Inquiry (foster professionally collaborative models of care).	Discussed at Triage Committee meeting, reporter advised to contact OAW. Closed due to Reporter wish to remain anonymous. Due to context of concern, impossible to proceed while preserving Reporter anonymity.

60	Mistreatment Report	Administrative Staff	Closed	Non-Clinical	Named concern. Concerns regarding perceived bullying and intimidation.	Perceived lack of: Respect & Civility (maintain professional interactions; respect autonomy); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Forwarded to supervisor who met and established expectations and regular formalized meetings including 360 evaluations.
61	Mistreatment Report	Student	Closed	Non-Clinical	Anonymous concern. Perceived lack of safe learning environment including maintenance of confidentiality.	Perceived lack of: Psychological Safety, Respect and Civility (not respecting the learning environment of others).	Forwarded to Education Lead who discussed concerns with learner in question. Remorse and awareness demonstrated.
62	Mistreatment Report	Student	Closed	Non-Clinical	Anonymous concern. Perceived discrimination and racist Behaviours using a public social platform.	Perceived lack of: Respect & Civility (maintain professional interactions; avoid discrimination); Responsible Behaviour (model professional behaviour).	Discussed at Triage Committee, unable to follow up or follow through due to alias and lack of information.
63	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Anonymous concern. Perceived lack of respect and unprofessional Behaviours regarding professional duties and interactions with students.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust; Excellence & Inquiry (nurture professional growth)).	Forwarded to Department Head to have discussions with Clinical instructor regarding improvements regarding teaching and feedback. No formalized learning action plan at this point. Department Head met with Subject and outlined expectations for teaching going forward.
64	Mistreatment Report	Faculty Member	Closed	Clinical	Anonymous Concern. Perceived creation of a psychologically unsafe working/learning environment through lack of communication and rudeness.	Perceived lack of: Respect & Civility; Responsible Behaviour.	Discussed at Triage Committee. Report had insufficient detail to move forward. Closed concern.
65	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Perceived disrespect and microaggressions directed towards a colleague during a divisional meeting.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Discussed at Triage Committee. Reporter did not want to be identified, report closed.
66	Mistreatment Report	Student	Closed	Non-Clinical	Named concern. Perceived disrespect, inappropriate professional Behaviours and lack of collaboration.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (model professional behaviour).	Forwarded to Education Lead and Professionalism Class Reps who met with named individual for feedback and opportunities for improvement.

67	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Perceived disrespect, mistrust, confrontational communication style, potential racism during meetings with colleagues.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (model professional behaviour; support an environment of safety and trust); Excellence & Inquiry (foster professionally collaborative models of care).	Met with reporter and discussed with Faculty Lead. Discussions with Department Head regarding experience and mitigating processes moving forward. Reporter cancelled meeting with Department Head and did not wish to rebook.
68	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Named concern. Perceived longitudinal mistreatment of a learner and retaliative Behaviours by supervisor.	Perceived lack of: Honesty, Integrity & Confidentiality (conduct and report research and other scholarly activities in an ethical and honest manner); Respect & Civility (maintain respectful interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust); Excellence & Inquiry (nurture professional growth).	Met with reporter and forwarded concerns to VP Research for further action and support of reporter. Faculty Relations involved to support student through process. Concern closed.
69	Mistreatment Report	Faculty Member	Closed	Non-Clinical	Anonymous concern. Perceived mistreatment and lack of psychological safety in a classroom environment.	Perceived lack of: Psychological Safety, including discrimination and bias; Respect & Civility (maintain professional interactions); Responsible Behaviour (create environments conducive to learning; support an environment of safety and trust; model professional behaviour).	Discussed at Triage Committee. Report had insufficient detail to move forward. Closed concern.
70	Mistreatment Report	Faculty Member	Closed	Clinical	Named concern. Perceived discrimination and institutional bias against a group of residents.	Perceived lack of: Respect & Civility (maintain respectful interactions); Responsible Behaviour (model professional behaviour); Excellence & Inquiry (foster professionally collaborative models of care).	Met with Department Head. Institution of processes such as pooled feedback to avoid discrimination and bias against learners. Education around hidden curriculum and psychological safety within department. Met with Subject of Concern - awareness and insight. Learner advised to contact OAW.
71	Mistreatment Report	Student	Closed	Clinical	Named concern. Perceived discrimination and lack of psychologically safe environment with a student refusing to engage in the care of transgender patients.	Perceived lack of: Respect & Civility (maintain professional interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Met with reporter and forwarded to Education Lead to meet with named individual.

72	Mistreatment Report	Student	Closed	Non-Clinical	Anonymous concern. Perceived lack of respect and overstepping physical boundaries/sexual harassment.	Perceived lack of: Respect & Civility (maintain respectful interactions; avoid discrimination); Responsible Behaviour (maintain professional behaviour; support an environment of safety and trust).	Forwarded to Education Lead. Unable to meet with named person for fear of identifying learner who wished to remain anonymous.
73	Mistreatment Report	Health Professional	Closed	Clinical	Named concern. Perceived concerns regarding mistreatment, disrespect, and creating a learning environment that was not psychologically safe.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry.	Met with reporter and Department Leads. Connected learners with OAW, emphasized ongoing feedback processes to staff. Education Leads met with Staff around supporting of learners and how to give feedback.
74	Mistreatment Report	Faculty Member	Closed	Clinical	Named Concern. Perceived disrespect in communication with learners, public shaming during learning encounters and perceived unfairness in learner evaluation in a Clinical setting.	Perceived lack of: Respect and Civility; Responsible Behaviour; Excellence and Inquiry.	Met with reporter and medical leader. Multiple concerns identified from prior reports. Professionalism and teaching remediation plan put in place. Successful completion of structured remediation plan. Concern closed.
75	Mistreatment Report	Faculty Member	Closed	Clinical	Anonymous Concern. Perceived creation of a psychologically unsafe working/learning environment through lack of communication and perceived rudeness.	Perceived lack of: Respect & Civility; Responsible Behaviour, Communication and transparency.	Discussed at Triage Committee. Report had insufficient detail to move forward. Closed concern.
76	Mistreatment Report	Preceptor for rotation and Assistant	Closed	Clinical	Perceived threatening statements made to students about Clinical performance. Public comments about student performance in front of other students in the Clinical setting. Perceived mistreatment and bullying - verbal and nonverbal.	Perceived lack of: Respect & Civility; Responsible Behaviour.	Group Concern. Met with Reporters. Sent letter to supervisor. Supervisor met with faculty and went through experience of students. Discussed at Triage Committee. Concern closed.
77	Mistreatment Report	Preceptor	Closed	Clinical	Perceived threatening statements made to students about Clinical performance. Public comments about student performance in front of other students in the Clinical setting. Perceived mistreatment and bullying - verbal and nonverbal.	Perceived lack of: Respect & Civility; Responsible Behaviour.	Group Concern. Met with Reporters. Sent letter to supervisor. Supervisor met with faculty and went through experience of students. Discussed at Triage Committee. Concern closed.

78	Mistreatment Report	Part-time Clinic Instructor	Closed	Clinical	Perceived harassment with inappropriate comments about personal traits in a professional setting. Inappropriate reference to street drug use in a professional setting.	Perceived lack of: Respect & Civility; Responsible Behaviour; Harassment, Discrimination & Duty to Accommodate Policy UAlberta.	Met with Reporter. Sent letter to Supervisor. Supervisor met with Faculty. Faculty demonstrated reflection and insight and committed to creating an environment of psychological safety for learners going forward. Concern closed
79	Mistreatment Report	Student	Closed	Non-Clinical	Anonymous concern. Perceived telling of untruths to preceptor to get out of weekend Clinical shifts.	Perceived lack of: Honesty, Integrity & Confidentiality; Responsible Behaviour.	Anonymous concern. Discussed at Triage Committee. Vague concerns with lack of details. Therefore, concern closed.
80	Mistreatment Report	Faculty Member	Closed	Clinical	Anonymous concern. Boundary issues with learners regarding personal comments. When there was attempt to give feedback, targeted learner with mistreatment and discrimination. Perceived sexual harassment toward female learners.	Perceived lack of: Respect & Civility; Responsible Behaviour; Harassment, Discrimination & Duty to Accommodate Policy UAlberta.	Anonymous concern. Discussed at Triage Committee and with Education Lead. Decision to send letter to Department Lead. Department Lead responded, indicating that concern had been followed up on and handled. Concern closed.
81	Mistreatment Report	Resident	Closed	Clinical	Perceived mistreatment, rudeness and disrespect during a clinical situation.	Perceived lack of: Respect & Civility (maintain professional interactions); Responsible Behaviour (create environments conducive to learning; model professional behaviour; support an environment of safety and trust).	Named concern. Resolved after assessment and discussion with resident. Concern closed as per Reporter's wishes.

See more reports on next page



<b>PROFESSIONALISM Concerns 2022-23</b>		<b>Total number of Professionalism Concern reports: 1. Role of person named: Student (1). Status: Closed (1). Setting: Non-Clinical (1).</b>					
<b>Report Type</b>		<b>Person's Role</b>	<b>Status</b>	<b>Setting</b>	<b>Anonymized Description</b>	<b>Professionalism Values</b>	<b>Outcomes/Actions</b>
1	Professionalism Concern Report	Student	Closed	Non-Clinical	Anonymous concern. Fellow student repeatedly late or missing mandatory teaching sessions.	Perceived lack of: Responsible Behaviour; Excellence & Inquiry.	Anonymous concern. Discussed at Triage Committee. Reviewed that absences at late sessions would likely be tracked and intervened upon by UGME. Closed concern.

<b>RACISM Concern Reports 2022-23</b>		<b>Total number of Racism reports: 6. Role of person (or entity) named: Faculty member (4), Administrative Staff (1), Health Professional (1). Status: Closed (6). Setting: Non-Clinical (4), Clinical (2).</b>					
<b>Report Type</b>		<b>Person's Role</b>	<b>Status</b>	<b>Setting</b>	<b>Anonymized Description</b>	<b>Professionalism Values</b>	<b>Outcomes/Actions</b>
1.	Racism	Faculty Member	Closed	Non-Clinical	Concerns with racially unequal application of FoMD policy with regards to selection processes. (Structural concern.)	Racism Concern - contravenes Anti-Racism Policy.	Concern shared with applicable leadership and policy reviewed within department.
2.	Racism	Faculty Member	Closed	Clinical	A racist statement was made towards a learner, by a preceptor, during a meeting in a Clinical setting. (Interpersonal concern.)	Racism Concern - contravenes Anti-Racism Policy.	Learner did not wish to move forward with complaint. Logged in reporting system.
3.	Racism	Faculty Member	Closed	Non-Clinical	Racist statements made in a research lab towards learners and support staff. (Interpersonal concern.)	Racism Concern - contravenes Anti-Racism Policy.	Department Lead made aware of concerns and lab leadership were made aware of concerns as well. Department Lead met with Subject and reviewed concern. Subject displayed insight and learning in regard to racism. Concern closed.

4.	Racism	Administrative Staff	Closed	Non-Clinical	Racist statements were made in a Clinical meeting and racially biased practices in workplace duty delegation occurred in a Clinical group. (Interpersonal concern.)	Racism Concern - contravenes Anti-Racism Policy.	Met with reporter, reporter wanted to proceed with concern. Reported concern to appropriate FoMD officer. Remediation plan initiated for subject of report and completed. Concern closed.
5.	Racism	Faculty Member	Closed	Non-Clinical	Apparent display of anger and use of derisive language during a meeting with members of racial minorities being singled out. (Interpersonal, Environmental concern.)	Racism Concern - contravenes Anti-Racism Policy.	Met with reporter. Reporter decided to have concern logged without moving forward. Discussed at Triage Committee. Closed concern.
6.	Racism	Health Professional	Closed	Clinical	Multiple instances of anti-Indigenous racist statements being made in a Clinical environment. Public shaming and disrespect when actions were called out by team members. (Interpersonal, Environmental, Structural concern.)	Racism Concern - contravenes Anti-Racism Policy.	Met with reporter and support person as designated by the Racism Reporting Process. Resolution co-created. Concern closed.