



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY

Office of Professionalism

Annual Report

The Professionalism Button

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2019-2020



ACCOLADES 2019-20		Total Number of Accolades = 9. Role of person named: Resident (1), Faculty (4), Student (3), Administrative staff (1). Setting: Clinical (6), Non-clinical (3). Status: Closed (9).					
Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions	
1	Student	Accolade Report	Closed	Non-Clinical	Perceived excellence in altruism and care for colleagues, accessing help during a difficult time for a colleague.	Perceived excellence in: (3). Responsible Behaviour (d. model professional behaviour, e. support an environment of safety & trust).	Letter re: accolade sent to Subject & Supervisor. Reporter notified. Closed.
2	Student	Accolade Report	Closed	Clinical	Perceived excellence in professionalism & support of patient and husband during a challenging time of care delivery.	Perceived excellence in: (2). Respect & Civility (a. maintain respectful interactions with patients & families); (3). Responsible Behaviour (b. assure that patient care assumes the highest priority in the clinical setting, model professional behaviour, support an environment of safety & trust).	Letter re: accolade sent to Subject & Supervisor. Reporter notified. Case closed.
3	Faculty Member	Accolade Report	Closed	Clinical	Perceived exceptional role modeling to a learner, guidance and approachability.	Perceived excellence in: (2). Respect & Civility (a. respectful interactions with all FoMD members); (3). Responsible Behaviour (a. create environments conducive to learning, d. model professional behaviour, e. support an environment of safety & trust).	Letter re: accolade sent to Subject & Supervisor. Reporter notified. Case closed.
4	Faculty Member	Accolade Report	Closed	Non-Clinical	Perceived excellence in supporting learners in a difficult situation.	Perceived excellence in: (1). Honesty, Integrity & Confidentiality (a. communicate truthfully); (2). Responsible Behaviour (e. support an environment of safety & trust)	Letter re: accolade sent to Subject & Supervisor. Reporter notified. Case closed.
5	Student	Accolade Report	Closed	Clinical	Perceived excellence in professional behaviours in volunteering for a schedule change, lightening colleagues' loads.	Perceived excellence in: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (d. model professional behaviour).	Letter re: accolade sent to Subject & Supervisor. Reporter notified. Case closed.
6	Resident	Accolade Report	Closed	Clinical	Perceived excellence in teaching and guiding learners.	Perceived excellence in: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (a. create environments that are conducive to learning, model professional behaviour).	Letter re: accolade sent to Subject & Supervisor. Reporter notified. Case closed.



7	Administrative Staff	Accolade Report	Closed	Non-Clinical	Perceived excellence in administrative work, beyond professional and dependable, with an unfailingly positive attitude.	Perceived excellence in: (3). Responsible Behaviour (b. model professional behaviour); (4). Excellence & Inquiry (b. foster professionally collaborative models of care).	Letter re: accolade sent to Subject & Supervisor. Reporter notified. Concern closed.
8	Faculty Member	Accolade Report	Closed	Clinical	Perceived excellence in supporting learners, providing patient care, respect of others.	Perceived excellence in: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (a. create environments that are conducive to learning, b. assure that patient care takes the highest priority in clinical settings, d. model professional behaviour).	Letter re: accolade sent to Subject & Supervisor. Reporter notified. Concern closed.
9	Faculty Member	Accolade Report	Closed	Clinical	Perceived excellence in patient care, compassion towards others and empathy.	Perceived excellence in: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (a. create environments that are conducive to learning, b. assure that patient care takes the highest priority in clinical settings, d. model professional behaviour).	Letter re: accolade sent to Subject & Supervisor. Reporter notified. Concern closed.



Mistreatment CONCERNS 2019-20		Total number of Mistreatment Reports = 32. Role of person named: Faculty Member (22), Resident (2), Health Professional (1), Administrative Staff (2), Clinical Supervisor (1), Medical Student(s) (4). Status: Closed (29), In-progress (3). Setting: Non-Clinical (11), Clinical (21).					
Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions	
1	Faculty Member	Mistreatment Report	Closed	Non-Clinical	Apparent misinformation and lack of support during a difficult situation for a learner, lack of effective advocacy, apparent environment of perceived lack of trust & safety.	Perceived issues around: (1). Honesty, Integrity & Confidentiality (a. communicate truthfully with learners & colleagues); (2). Respect & Civility (c. respect autonomy & personal boundaries of others); (3). Responsible Behaviour (e. support an environment of safety & trust).	Reporter was met with. Concern forwarded to administrative supervisor who met with Subject on multiple occasions. Subject expressed insight and remorse. There was a component of apparent misunderstanding/miscommunication. There were a number of process issues that were updated within the office as a result of the concern around confidentiality, reassurance, exploration of avenues of support, liaison with the educational program, and inclusion of advocates in meetings as needed. This was communicated back to the Reporter and concern was closed.
2	Faculty Member	Mistreatment Report	Closed	Clinical	Perceived bullying, intimidation of a learner, lack of respect in interrupting & speaking over the person.	Perceived lack of: (2). Respect & Civility (a. maintain respectful interactions with all FoMD members); (3). Responsible Behaviour (a. create environments conducive to learning, b. assure that patient care assumes the highest priority in the clinical setting); (4). Excellence & Inquiry (b. foster professionally collaborative models of care).	Reporter was met with. Concern forwarded to Divisional Director who met with Subject. First concern about Subject. Cup of Coffee conversation meeting. Communicated back to Reporter. Concern closed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
3 Faculty Member	Mistreatment Report	Closed	Non-Clinical	Perceived bullying and intimidation of a colleague, lack of respect for other's opinions.	Perceived lack of: (2). Respect & Civility (a. maintain respectful interactions with all FoMD members); (3). Responsible Behaviour (c. model professional behaviour) (4). Excellence & Inquiry (b. foster professionally collaborative models of care).	Conflict of interest identified by triage officer, therefore, reassigned triage officer. Concern felt to be AHS-related as between colleagues around clinical issues. Therefore, concern sent to AHS clinical lead. Individual was met with. Insight expressed by Subject. Apology written and given to Reporter. Concern closed.
4 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived issues with bullying, intimidation, disrespect & disruptive behaviour of a learner.	Perceived lack of: (2). Respect & Civility (maintain respectful interactions with all FoMD members, avoid discrimination); (3). Responsible Behaviour (a. create environments that are conducive to learning; b. assure that patient care assumes the highest priority in the clinical setting; d. model professional behaviour; e. support an environment of safety & trust); (4). Excellence & inquiry (b. foster professionally collaborative models of care).	Triage Officer met with Reporter. Concern sent to Chair. Chair met with individual as an initial cup of coffee conversation. No previous concern placed about Subject. Outcome reported back to Reporter. Concern closed.
5 Faculty Member	Mistreatment Report	Closed	Non-Clinical	Perceived issues around bullying and Mistreatment of others in the environment, gossip.	Perceived issue with: (2). Respect & Civility (a. respectful interactions with all FoMD members); (3). Responsible Behaviour (d. model professional behaviour, e. support an environment of safety & trust).	Triage Officer met with Reporter. Concern sent to Chair. Chair acknowledged that there was a concurrent AHS investigation about the same issue ongoing. At conclusion, actions being undertaken to foster a better work environment. Reporter contacted re: outcome. Concern closed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
6 Resident	Mistreatment Report	Closed	Clinical	Perceived bullying, threatening and intimidation of a learner in a public setting.	Perceived issues in: (2). Respect & Civility (a. maintain respectful interactions; b. avoid discrimination); (3). Responsible Behaviour (d. Model professional behaviour, support an environment of safety & trust).	Anonymous concern about a witnessed event. Reviewed by triage committee. No way identified to address this issue directly, and ability to identify anonymous Reporter through context of concern. Therefore, logged for monitoring. Concern closed.
7 Faculty Member	Mistreatment Report	Closed	Clinical	Third party concern on behalf of learners. 2nd concern about same individual. Perceived bullying, disrespect, intimidation & harassment of multiple learners. Perceived as creating an unsafe learning environment.	Perceived issues in: (2). Respect & Civility (a. maintain respectful interactions, avoid discrimination); (3). Responsible Behaviour (a. create environments conducive to learning, d. model professional behaviour, support an environment of safety & trust); (4). Excellence & Inquiry (a. nurture professional growth).	Third party submission: Second concern for same individual on behalf of a group of learners, with similar pattern of behaviours reported. Triage Officer sent concern to Chair. Chair met with Subject, Stage III nonpunitive apparent pattern awareness intervention. It was not clear as to whether there was insight into these concerns. Outcome shared with Reporter. Concern closed.
8 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived unprofessional behaviours, mistreatment, intimidation, harassment, and disrespect towards learners in public settings.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions, avoid discrimination); (3). Responsible Behaviour (a. create environments conducive to learning, d. model professional behaviour, support an environment of safety & trust); (4). Excellence & Inquiry (a. nurture professional growth).	Third party submission: Second concern for same individual on behalf of a group of learners, with similar pattern of behaviours reported. Triage Officer sent concern to Chair. Chair met with Subject. Due to repetitive similar behaviours noted with multiple learners, Subject agreed to Stage III Intervention with Professionalism Coaching Plan. Completed coaching plan spring 2020. Checked with supervisors' summer 2020 and winter 2020 - no further concerns identified. Concern closed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
9 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived unreasonable expectations of learners & disrespect towards learners.	Perceived issues in: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (d. model professional behaviour).	Anonymous concern. Reviewed at triage committee. Able to possibly identify anonymous reporter through context of concern. First concern about this individual. Therefore, logged for monitoring. Closed concern.
10 Resident	Mistreatment Report	Closed	Clinical	Perceived disrespect towards a colleague in the clinical context, lack of collaboration in clinical care, intimidating and disparaging comments about a colleague.	Perceived issues with: (2). Respect & Civility (maintain respectful interactions); (3). Responsible Behaviour (b. assure that patient care assumes the highest priority in the clinical setting, d. model professional behaviour); (4). Excellence & Inquiry (b. foster professionally collaborative models of care).	Triage Officer met with Reporter. First concern about this individual. Concern sent to Program Director & Chair. Program Director met with Subject on two occasions. Subject felt there was some miscommunication about parts of the interaction, but agreed that behaviour was unprofessional. Wellness explored with Subject. Subject had insight, and wished to apologize. Outcome shared with Reporter. Concern closed.
11 Faculty Member	Mistreatment Report	In-progress	Clinical	Perceived issues with inappropriate boundaries with a learner and infringement sexual violence policy Ualberta.	Perceived issues with: (3). Responsible Behaviour (a. create environments that are conducive to learning, d. model professional behaviour, e. support an environment of safety and trust), possible infringement of Ualberta Sexual Violence Policy.	Triage Officer met with Reporter. Due to potential implications of concern, with possible egregious nature, Vice Dean Faculty Affairs recommended suspension of Subject's exposure to learners and Clinical Faculty Appointment while concern was investigated. Concern sent to Chair. Due to nature of concern, concern also shared anonymously with College of Physicians & Surgeons of Alberta. Reporter told by CPSA - duty to report - report submitted to CPSA. Investigation by CPSA. Investigation concluded: no evidence of professional infraction or sexual violence. Vice Dean Faculty Affairs recommended reinstatement of clinical faculty appointment, based on Chair's recommendation. Decision not made by Chair at time of annual professionalism reports.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
12 Faculty Member	Mistreatment Report	Closed	Non-Clinical	Perceived issues with discrimination based upon appearance and disrespect.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions, b. avoid discrimination); (3). Responsible Behaviour (d. model professional behaviour).	Triage Officer met with Reporter. Reporter had also placed concern with central Ualberta Faculty Relations with Article 7 request. Concern being actively investigated by Faculty Relations at time of concern. Reporter indicated that this concern should be closed, as the concern is being actively investigated outside of FoMD. Concern closed.
13 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived disrespect towards a learner, lack of collaborative intent in patient care.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions, b. avoid discrimination); (3). Responsible Behaviour (b. assure that patient care assumes the highest priority in the clinical setting, d. model professional behaviour).	Reporter met with Triage Officer. Reporter wished to make concern anonymous despite being able to be identified through context of concern. Therefore, concern without name forwarded to Divisional Director. Divisional Director met with Subject. Subject showed insight. Concern closed.
14 Faculty Member	Mistreatment Report	Closed	Clinical	Third party concern. Perceived issues around: disrespect of learner's input, lack of standards of care provided to patients, challenges in being on time.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (a. create environments conducive to learning, b. assure that patient care assumes the highest priority in the clinical setting, d. model professional behaviour); (4). Excellence & Inquiry (a. nurture professional growth).	Third party submission of concern on behalf of a learner. Triage Officer met with Reporter. Concern sent to Education Supervisor. Education Supervisor had already been aware of the concern and had previously met with the Subject. Education Supervisor had offered to accommodate Learner, switching supervisors/location. Learner had declined accommodation. Outcomes/actions shared with Reporter. Concern closed.
15 Administrative Staff	Mistreatment Report	Closed	Non-Clinical	Perceived disrespect of indigenous stature, anti-reconciliation, anti-trust building statements.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (4). Excellence & Inquiry (foster professionally collaborative models of care).	Triage Officer met with Reporter. Concern forwarded to Supervisor. Supervisor met with Subject on two occasions. Subject expressed remorse, and insight as to Reporter's concerns. Concern closed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
16 Health Professional	Mistreatment Report	Closed	Clinical	Apparent lack of respect for learners managing a backlogged service, gossip, lack of collaborative approach to care.	Perceived issues with: (1). Honesty, Integrity & Confidentiality (gossip); (2). Respect & Civility (maintaining respectful interactions); (4). Excellence & Inquiry (foster professionally collaborative models of care).	Triage Officer met with Reporter. Triage Officer met with Subject. Subject expressed insight and remorse. Concern shared with Chair, who agreed with outcomes/actions taken. Concern also shared with clinical hospital lead re: consulting service concerns - clarifying levels of support offered to learners on call. Consulting service was going to review their processes and how that is communicated to learners re: support. Reporter contacted about outcomes/actions. Concern closed.
17 Faculty Member	Mistreatment Report	Closed	Clinical	Third party concern. Perceived intimidation, harassment & bullying of a learner in a public setting, unreasonable expectations of a learner.	Perceived issues with: (1). Respect & Civility (a. maintaining respectful interactions); (2). Responsible Behaviour (a. create environments conducive to learning, e. support an environment of safety & trust).	Triage Officer met with Reporter. Third party concern on behalf of a learner. Third concern about same individual within six months with similar behaviours noted. Concern forwarded to Chair. Chair met with Subject. Subject expressed insight and asked for coaching plan re: working with learners, teaching, giving feedback. Coaching plan completed. Coach satisfied with Subject's reflection and learning. Concern closed.
18 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived intimidation, harassment, disparaging comments & bullying of a learner in a public setting.	Perceived issues with: (1). Respect & Civility (a. maintaining respectful interactions); (2). Responsible Behaviour (a. create environments conducive to learning, e. support an environment of safety & trust).	Triage Officer met with both Reporter and Subject. Subject expressed insight, remorse and understanding of Reporter's perspective. Subject explored supportive ways to interact with learners. Concern forwarded to Chair who assigned to Divisional Director. Divisional Director met with Subject. Continued insight and remorse by Subject. Wellness explored. Set plan in place about awareness of situations with learners. Concern closed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
19 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived longstanding harassment, racism and bullying of a colleague.	Perceived issues with: (1). Respect & Civility (a. maintain respectful interactions); (2). Responsible Behaviour (d. model professional behaviour, e. contribute to an environment of safety & trust); violation of Discrimination, Harassment & Duty to Accommodate Policy Ualberta.	Triage Officer met with Reporter. There was a concurrent concern submitted to Ualberta Faculty Relations, Article 7, for investigation. Since this was being investigated outside the Faculty, Reporter agreed with closing the FoMD concern.
20 Student	Mistreatment Report	Closed	Non-Clinical	Perceived issues around respect for freedom of expression on social media.	Perceived issues with: (1). Respect & Civility (a. maintaining respectful interactions); (2). Responsible Behaviour (d. model professional behaviour, e. support an environment of safety & trust).	Triage Officer met with Reporter. Concern sent to Education Supervisor. Because the Subjects of the social media account were unknown, a joint message from Education Supervisor & Office of Professionalism around cyber-bullying was sent to all students. Account was removed. Concern closed.
21 Student	Mistreatment Report	Closed	Non-Clinical	Perceived cyber-bullying via social media, infringement of freedom of expression on social media.	Perceived issues with: (1). Respect & Civility (a. maintaining respectful interactions); (2). Responsible Behaviour (d. model professional behaviour, e. support an environment of safety & trust).	Second report about same concern. Triage Officer met with Reporter. Concern sent to Education Supervisor. Because the Subjects of the social media account were unknown, a joint message from Education Supervisor & Office of Professionalism around cyber-bullying was sent to all students. Account was removed. Concern closed.
22 Student	Mistreatment Report	Closed	Non-Clinical	Perceived cyber-bullying via social media, infringement of freedom of expression on social media.	Perceived issues with: (1). Respect & Civility (a. maintaining respectful interactions); (2). Responsible Behaviour (d. model professional behaviour, e. support an environment of safety & trust).	Third report about same concern. Triage Officer met with Reporter. Concern sent to Education Supervisor. Because the Subjects of the social media account were unknown, a joint message from Education Supervisor & Office of Professionalism around cyber-bullying was sent to all students. Account was removed. Concern closed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
23 Administrative Staff	Mistreatment Report	Closed	Non-Clinical	Perceived attitudes and comments as being rude, unprofessional and condescending.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (d. model professional behaviour).	Multiple attempts to contact Reporter. No response from Reporter. Concern closed.
24 Faculty Member	Mistreatment Report	In-progress	Clinical	Perceived issues with disrespect, mistreatment of learners in public setting, disruptive with colleagues in work environment.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (a. create environments conducive to learning, d. model professional behaviour, e. support an environment of safety & trust); (4). Excellence & Inquiry (b. foster professionally collaborative models of care).	Triage Officer met with Reporter. Concern forwarded to Chair. Chair met with Subject. Subject agreed to professionalism/teaching coaching plan. At the time of annual reports, currently involved in plan with coach.
25 Medical Students	Mistreatment Report	Closed	Non-Clinical	Perceived disrespect of colleagues in a public forum.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (e. support an environment of safety and trust).	Professionalism Dean met with Subjects of concern with Advocacy & Wellbeing. Subjects expressed insight. Discussion around changes to event going forward. Concern closed.
26 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived racism, infringement of Discrimination, Harassment & Duty to Accommodate Policy UAlberta in a workplace setting towards a colleague.	Perceived Infringement of Discrimination, Harassment & Duty to Accommodate Policy UAlberta; Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (d. model professional behaviour).	Clinical Faculty appointment suspended by Dean, during CPSA parallel investigation into concern. Investigation by Professionalism Dean with Advocacy & Wellbeing with interviews of learners at site. Learners expressed that they felt supported by all faculty at site. CPSA investigation revealed evidence of unprofessional behaviour by Subject. Clinical Faculty appointment continued as suspended, until Subject has completed CPSA remediation. Then, clinical faculty appointment will be reassessed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
27 Clinical Supervisor	Mistreatment Report	Closed	Clinical	Perceived discrimination of health professionals and disrespect.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (e. support an environment of safety and trust).	Triage Officer met with Reporter. Due to clinical setting, concern was sent to AHS lead. AHS lead met with Subject of concern. Subject was insightful and reflective. AHS Lead & Subject took a number of actions to address concern. Outcome shared with Reporter. Concern closed.
28 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived lack of adequate supervision of learner in a clinical setting.	Perceived issues with: (3). Responsible Behaviour (a. create environments conducive to learning, d. model professional behaviour, e. create an environment of safety and trust).	Due to notice from CPSA, clinical faculty appointment removed by Vice Dean Faculty Affairs. Supervisor was made aware that if there is reinstatement of Subject working with learners from CPSA, clinical faculty appointment could be reconsidered.
29 Faculty Member	Mistreatment Report	In Progress	Clinical	Perceived disrespect, bullying and intimidation of a learner in a clinical setting.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (a. create environments conducive to learning, d. model professional behaviour, e. support an environment of safety and trust); (4). Excellence & Inquiry (b. foster professionally collaborative models of care).	Triage Officer met with Reporter. Because of nature of concern in clinical setting, concern sent to AHS Lead for investigation.
30 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived intimidation & bullying of a learner, perceived unapproachability by a learner in a clinical setting.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (a. create environments conducive to learning, d. model professional behaviour, e. support an environment of safety & trust).	Anonymous concern. Discussed at triage committee. Committee felt there could be some constructive feedback given to Subject and check on Subject's wellness. Concern sent to Chair. Chair delegated to Divisional Director, who believes there are wellness issues. Divisional Director met and supported Subject. Concern closed.



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31 Faculty Member	Mistreatment Report	Closed	Clinical	Perceived lack of collaborative approach to patient care, apparent disrespect for prioritization of patient care issues by a learner.	Perceived issues with: (1). Respect & Civility (a. maintain respectful interactions); (2). Responsible Behaviour (a. creating environments conducive to learning, support an environment of safety & trust).	Triage Officer met with Reporter. Concern sent to Chair. Chair met with Subject. Subject was apologetic about interaction and had insight, despite not agreeing with components of encounter. Subject met with Professionalism Dean upon Subject's request. Insight and reflection. Concern closed.
32 Faculty Member	Mistreatment Report	Closed	Non - Clinical	Perceived lack of professional behaviour in regards to providing timely feedback on a student's thesis, bullying, intimidation & harassment during thesis defense.	Perceived issues with: (1). Respect & Civility (a. maintain respectful interactions, b. avoid discrimination); (3). Responsible Behaviour (a. create environments conducive to learning, d. model professional behaviour, e. support an environment of safety and trust); (4). Excellence & Inquiry (a. nurture professional growth and intellectual independence).	Triage Officer met with Reporter. Concern sent to Chair. Chair met with Subject. Subject provided written apology to Reporter. Chair reviewed and enacted standardized processes around thesis defense and role of thesis committee members within Department. Outcome shared with Reporter in addition to apology. Concern closed.
More below						



CONCERNS 2018-19		Total number of Professionalism Concern reports = 16. Role of person named: Faculty (6), Resident (3), Student (7). Status: Closed (15), In-progress (1). Setting: Clinical (8), Non-Clinical (8).					
Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions	
1	Faculty Member	Concern Report	Closed	Clinical	Perceived lack of accessibility in the context of patient care.	Perceived issues with: (3). Responsible Behaviour (b. assure that patient care assumes the highest priority in the clinical setting).	Anonymous concern. Reviewed at triage committee. Able to possibly identify anonymous reporter through context of concern. First concern about this individual. Therefore, logged for monitoring. Closed
2	Resident	Concern Report	Closed	Clinical	Perceived issues in standards of care in looking after a patient in distress and lack of collaborative approach in patient care delivery.	Perceived issued in: (3). Responsible Behaviour (b. assure that patient care assumes the highest priority in the clinical setting); (4). Excellence & Inquiry (b. foster professionally collaborative models of care).	Anonymous concern. Reviewed at triage committee. Questions of Subject wellness raised during discussion. Program Director contacted re: concern. On speaking to Program Director, appeared to fit with a pattern of behaviour. Actions to be taken. Logged for monitoring. Closed concern.
3	Student	Concern Report	Closed	Non-Clinical	Group of learners: perceived issues in disrespect towards others' beliefs and modelling unprofessional behaviour.	Perceived issues with: (2). Respect & Civility (maintain respectful interactions); (3). Responsible Behaviour (e. model professional behaviour).	Triage Officer met with Reporter & Advocate. Concern placed re: group of students. Concern sent to Education Supervisor. Students met with, displayed insight and remorse. Outcome shared with Reporter. Concern closed.
4	Student	Concern Report	Closed	Non-Clinical	Perceived inappropriate use of social media to communicate non-evidence based medical information.	Perceived issues with: (1). Honesty, Integrity & Confidentiality (b. conduct and report research and other scholarly activities in an ethical and honest manner, c. identify, understand and appropriately manage potential conflicts of interest)	Anonymous concern. Information in report able to be verified on social media. Concern sent to Education Supervisor. Education Supervisor reviewed social media account and met with student. After review by Educational Supervisor team, did not recommend closure or change of individual's social media account. Concern closed.
5	Student	Concern Report	Closed	Non-Clinical	Perceived disrespectful behaviour on a virtual learning forum.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (d. model professional behaviour).	Anonymous concern about a witnessed event. Reviewed by triage committee. Concern forwarded to Education Supervisor to send out a message to all students re: the importance of maintaining confidentiality in a virtual setting. Concern closed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
6 Student	Concern Report	Closed	Non-Clinical	Alleged using of an alias to sign up for official online courses, alleged use of another person's name (identity theft).	Perceived issues with: (1). Honesty, Integrity & Confidentiality (a. communicate truthfully); (2). Respect & Civility (a. maintain respectful interactions); (3). Responsible Behaviour (d. model professional behaviour).	Because of privacy issues and possible identity theft, as well as misrepresentation on official online courses, concern was shared with privacy officers, Ualberta. Privacy officers contacted individual whose name was being used for courses - he denied being victim to identity theft. Concern forwarded to Education Supervisor. Education Supervisor met with Subject who agreed to stop using alias for official courses. Subject expressed insight. Concern closed.
7 Student	Concern Report	Closed	Non-Clinical	Perceived issues around misrepresenting professional identity on social media. First of two concerns.	Perceived issues with: (1). Honesty, Integrity & Confidentiality (a. communicate truthfully); (3). Responsible Behaviour (d. model professional behaviour).	Anonymous concern. First of two concerns about same individual and subject. Able to independently verify information on social media. Contact of student facilitated through Office of Student Affairs, University of Alberta. Professionalism Dean met with Subject. Subject expressed insight and remorse around situation. Social media account removed. Concern closed.
8 Student	Concern Report	Closed	Non-Clinical	Perceived issues with lack of respect for university rules around essential personnel during quarantine, professional identity misrepresentation on social media, second of two concerns placed.	Perceived issues with: (1). Honesty, Integrity & Confidentiality (a. communicate truthfully); (3). Responsible Behaviour (d. model professional behaviour).	Anonymous concern. Second of two concerns about same individual and subject. Able to independently verify information on social media. Contact of student facilitated through Office of Student Affairs, University of Alberta. Professionalism Dean met with Subject. Subject expressed insight and remorse around situation. Social media account removed. Concern closed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
9 Faculty Member	Concern Report	Closed	Clinical	Perceived bullying, intimidation and disrespect of a learner in a clinical setting, lack of creating a safe learning environment.	Perceived issues with: (1). Respect & Civility (a. maintain respectful interactions); (2). Responsible Behaviour (a. creating environments conducive to learning, support an environment of safety & trust).	Triage Officer met with Reporter. After discussing concern, Reporter did not wish to follow through with submitting concern to Supervisor. Therefore, listed as anonymous concern, and logged for tracking behaviour. Concern closed.
10 Faculty Member	Concern Report	Closed	Non-Clinical	Perceived challenges in meeting work deadlines, attending planned meetings.	Perceived issues with: (3). Responsible Behaviour (d. model professional behaviour, f. take responsibility for decisions and actions).	Triage Officer submitted concern on behalf of Reporter. Reporter connected with central Human Resources Ualberta to discuss options. Concern closed.
11 Faculty Member	Concern Report	Closed	Clinical	Perceived lack of cooperation with legal authorities in patient care setting.	Perceived issues with: (1). Respect & Civility (a. maintain respectful interactions); (2). Responsible Behaviour (a. model professional behaviour).	Triage Officer met with Subject of Concern. Subject displayed insight and remorse. Reflections and strategies shared re: how to deal with similar situation if encountered in the future. Concern closed.
12 Resident	Concern Report	Closed	Clinical	Perceived issues with noncompliance with AHS PPE guidelines.	Perceived issues with: (3). Responsible Behaviour (e. model professional behaviour).	Anonymous concern, no specific individuals identified. Reviewed at triage committee. In the meantime, AHS updated requirements for all staff to wear masks in work settings. Concern closed.
13 Faculty Member	Concern Report	Closed	Clinical	Perceived bullying and intimidation of learners in a clinical setting, disparaging comments around patient care by a colleague in a public setting.	Perceived issues with: (2). Respect & Civility (a. maintain respectful interactions, d. model professional behaviour, e. support an environment of safety and trust).	Triage Officer met with Reporter. Concern sent to Chair. Chair met with Subject. Concern shared with Subject in addition to discussion and education around bullying behaviours. Outcome shared with Reporter. Concern closed.



Person's Role	Report Type	Status	Setting	Anonymized Description	Professionalism Values	Outcomes/Actions
14 Resident	Concern Report	Closed	Clinical	Perceived unprofessional behaviour on posting a patient picture on social media.	Perceived issues with Ualberta Social Media policy: (1). Honesty, Integrity & Confidentiality (d. maintain confidentiality of patients & research participants as a central obligation).	Anonymous concern. Able to verify context of concern through social media account. Discussed at triage committee. Concern forwarded to Education Supervisors, and supervisors for clinical setting to send out general message about confidentiality issues around patient photography. Learner was met with and expressed insight. Removed social media post. Concern closed.
15 Student	Concern Report	In Progress	Non-Clinical	Perceived issues around misrepresenting professional identity on social media, and presentation of non-evidence based information on social media.	Perceived issues with: (1). Honesty, Integrity & Confidentiality (c. identify, understand and appropriately manage potential conflicts of interest); (3). Responsible behaviour (model professional behaviour).	Public party concern. Third concern about same Subject and similar behaviours within previous year. Investigation by triage officer did reveal apparent misrepresentation of self and information on social media account. Concern shared with Educational Supervisor to meet with Subject. Still pending at the time of annual professionalism reports.
16 Faculty Member	Concern Report	Closed	Clinical	Perceived issues with inadequate supervision of learners in a clinical setting in connection to electronic medical records access.	Perceived issues with: (3). Responsible Behaviour (a. Create environments conducive to learning, b. assure that patient care assumes the highest priority in the clinical setting, e. support an environment of safety and trust).	Triage Officer met with Reporter. Concern sent to AHS clinical lead because of clinical role and setting. AHS Clinical Lead met with Subject. Subject rectified the issue. Concern closed.