A2. PROFESSIONALISM INCIDENT REPORT

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See Professional Role teacher tips appendix for this assessment tool

RESIDENT Name: __________________________
Postgraduate year (PGY): __________________________
Program: __________________________
Date and time: __________________________

1. Type:
   - [ ] Critical event
   - [ ] Concerning event/situation
   - [ ] Clinic

2. About reporter/evaluator:
   - Health professional team member (i.e. including co-resident) that has worked closely with this resident
   - Health professional (i.e. including co-resident) that has had some interactions with this resident
   - Resident supervisor that has worked closely with this resident
   - Resident supervisor that has had some interactions with this resident
   - Other, please describe: __________________________

3. Contact name, follow up phone and email:

4. SETTING: Workplace
   - [ ] Clinic
   - [ ] Patient Present
   - [ ] Patient Not Present
   - [ ] Ward
   - [ ] Clinic
   - [ ] OR
   - [ ] ER
   - [ ] Other:

Non Workplace
   - [ ] Structured Teaching
   - [ ] Informal/unstructured Teaching
   - [ ] Other:

5. Brief overview of incident or concern:

6. Type of incident or concern:
   A. Professional ethics
      - [ ] Behaved in a dishonest manner
      - [ ] Used illicit substances OR alcohol, non-prescription drugs or prescription drugs in a manner that compromises ability to contribute to patient care
      - [ ] Misrepresented self, others, or members of the team to others
      - [ ] Breached patient confidentiality
      - [ ] Acted in disregard for patient welfare (e.g. wilfully reports incomplete or inaccurate patient information)
      - [ ] Took credit for the work of others
      - [ ] Misused equipment, bio hazardous materials or other scientific specimens
   B. Reliability and responsibility
      - [ ] Consistently arrives late to scheduled events or assignments
      - [ ] Has unexcused/unexplained absences
      - [ ] Fails to notify appropriate staff in a timely manner of absences
      - [ ] Does not respond to communications (e-mail, pages, phone calls, etc.) in a timely or professional manner. Please specify frequency and duration(s) of delay(s):
      - [ ] Fails to complete required or assigned tasks
      - [ ] Requires constant, repeated reminders from staff/faculty to complete required or assigned tasks

a Additional sample see https://www.umassmed.edu/uploadedfiles/profincidentreport.pdf
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C. Professional relationships and responsibilities

- Has inappropriate demeanor or disruptive behaviour (raises voice, disrespects authority, rude, condescending etc.)
- Inappropriate appearance (dirty white coat, wrinkled clothes, un-bathed, etc.) in the classroom or in the health care setting
- Fails to accept responsibility for own errors
- Fails to recognize limitations and seeking help
- Does not accept constructive feedback
- Does not incorporate feedback to modify behaviour
- Engages in relationships with patients or any other member of the health care team which are disruptive to learning and patient care
- Acts disrespectfully toward others
- Engages in disruptive behaviour in class or with health care team (situational dependent)

D. Patient, faculty, resident, administrative staff, and other team member interactions

- Is unable to establish rapport
- Is not sensitive to patient needs
- Is disrespectful of the diversity or race, gender, religion, sexual orientation, age, disability or socio-economic status
- Struggles with establishing and maintaining appropriate boundaries in work and learning situations
- Contributes to an atmosphere that is not conducive to learning
- Relating poorly to other learners in a learning environment
- Relating poorly to staff in a learning environment
- Relating poorly to faculty in a learning environment

E. Other

- __________________________
- __________________________
- __________________________

6. Immediate action taken

- Spoke to patient(s)
- Spoke to learner(s)
- Spoke to supervisor(s)
- Contacted supervisor via email
- Called police or hospital security
- Documented in patient record
- Other: __________________________

   Brief summary of action taken:

   __________________________
   __________________________
   __________________________
   __________________________

7. Next steps

- Yes, please contact me for further discussion
- Contact me at your discretion
- Other: __________________________