Assessment Tool 2 – Direct Observation

CanMEDS Professional

Professionalism Incident Report

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Resident Name: ____________________________________

Postgraduate year (PGY): __________________________

Program: __________________________________________

Date & time: _______________________________________

1. Type:    □ Critical event    □ Concerning event/situation    □ Clinic

2. About reporter/evaluator:
   □ Health professional team member (i.e. incl co-resident) that has worked closely with this resident
   □ Health professional (i.e. incl 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*

- □ 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

C. Professional Relationships & Responsibilities

- Has inappropriate demeanour 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

☐ ______________________________
☐ ______________________________
☐ ______________________________

7. 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:

8. Next Steps

☐ Yes, please contact me for further discussion
☐ Contact me at your discretion
☐ OTHER:

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1 Additional sample see https://www.umassmed.edu/uploadedfiles/profincidentreport.pdf