

Professional Behavioural Monitoring Form¹

Event or incident

Type of Event Concerning Critical Other (please describe in comment box below)

Other Event

Related Date

Related Time (HH:MM)

Your contact information for follow-up

Your Name

Your E-mail

¹ For more info about the Note to File report, see FAQ

Your Phone

Type of Assessor/Role: [pulldown menu]

- University appointed faculty
- Clinical associate
- Fellow
- Chief resident
- Senior resident
- Co-resident
- Other health professional
- Other (please describe in comment box below)

Other Role

Setting and overview

- Setting:** Clinic ER OR Research Teaching Ward
 Other (please describe in comment below)

Other Setting

Patient or family was present: Yes No

Brief overview of the concern, event or incident

Details about event or incident

Professional ethics:

[pull-down menu]

Acted in disregard for patient welfare (e.g. willfully reports incomplete or inaccurate patient information)

Behaved in dishonest manner

Breached patient confidentiality

Misrepresented self, others, or members of the team to others

Misused equipment, bio hazardous materials or other scientific specimens

Reported for duty with diminished abilities possibly compromising patient care (i.e., by prescription or non-prescription drugs including alcohol, or by illness)

Took credit for the work of others

Other (please describe in comment box below)

Reliability and responsibility:

[pull-down menu]

Consistently arrives late to scheduled events or assignments

Does not respond to communications (email, pages, phone calls, etc.) in a timely or professional manner (Please specify frequency and duration(s) of delay(s) in other field below)

Engages in relationships with patients or any other member of the health care team which are disruptive to learning and patient care

Exhibits disruptive behaviour (e.g., inappropriately raises voice, disrespectful, rude, condescending, throwing objects, breaking equipment, etc.)

Fails to complete required or assigned tasks

Fails to notify appropriate staff in a timely manner of absences

Has unexcused/unexplained absences

Inappropriate appearance (unkempt, inappropriate clothing, poor hygiene, etc.) in the classroom or in the health care setting

Requires constant, repeated reminders from staff/faculty to complete required or assigned tasks

Other (please describe in comment box below)

Professional relationships & responsibilities:

[pull-down menu]

Acts disrespectfully toward others

Disregards feedback and direction

Disruptive when provided constructive feedback

Engages in disruptive behaviour in class or with health care team (situational dependent)

Engages in relationships with patients or any other member of the health care team, which are disruptive to learning and patient care

Fails to accept responsibility for own errors

Fails to recognize limitations and seeking help

Has inappropriate demeanour or disruptive behaviour (raises voice, disrespects authority, rude, condescending, etc.)

Inappropriate appearance in the classroom or in the health care setting

Other (please describe in comment box below)

Patient, faculty, resident, administrative staff, and other team member interactions:

Postgraduate Medical Education, Temerty University of Toronto, contact: cbme.pgme@utoronto.ca

[pull-down menu]

Contributes to an atmosphere that is not conducive to learning

Is disrespectful of the diversity or race, gender, religion, sexual orientation, age, disability or socio-economic status

Is not sensitive to patient needs

Is unable to establish rapport

Relating poorly to faculty in a learning environment

Relating poorly to other learners in a learning environment

Struggles with establishing and maintaining appropriate boundaries in work and learning situations

Other (please describe in comment box below)

DETAILS ABOUT “OTHER”: Please add additional comments on any of the above categories, as necessary

Action taken and next steps

Brief summary of action taken

Details on action taken:

[pull-down menu]

Called police or hospital security

Contacted Program Director

Contacted supervisor via email

Documented in patient record

Spoke to learner(s)

Spoke to patient(s)

Spoke to supervisor(s)

Other (please describe in comment box below)

Next steps:

[pull-down menu]

Contact me at your discretion

Please contact me for further discussion

Other (please describe in comment box below)

DETAILS ABOUT “OTHER: Please add additional comments on any of the above categories, as necessary

