

**MASTERS OF PHYSICAL THERAPY
PROGRAM PROFESSIONALISM CONCERN
FORM**

Minor Incident: This form records >3 minor incidents as reported by any person ("the reporter") in contact with a physical therapy student in any official capacity. The reporter would typically be a lecturer, lab assistant, faculty, clinical education co-ordinator, clinical preceptor, manager of clinical site, or another physical therapy student. The purpose reporting a minor incident is to initiate a meeting between a physical therapy student and the reporter.

Major or Critical Incident: This form may record a major incident or critical incident. Such an incident would typically be reported by the Co-ordinator of Clinical Education or the Director of the School of Rehabilitation Science. The purpose of reporting a major or critical incident is to document more serious concerns of unprofessional behaviour that requires documentation on the student's Professionalism File or submission to the Professionalism Panel. Student is involved in:

☐ Multiple Minor Incidents (identified by the Director, SRS)

☐ Major Incident (submit to Director SRS)

☐ Critical Incident (submit to Director SRS)

Student Name: _____

Year: _____

Date incident occurred: _____

A physical therapy student of the School of Rehabilitation Science University of Saskatchewan College of Medicine is expected to demonstrate in her/his behaviours as a medical student: a) Respect for others; b) Honesty and integrity; c) Compassion and empathy; d) Duty and responsibility.

In my opinion, the student named above has demonstrated behaviour(s) that fall below the expected standards of professionalism of our School and College. Following is a brief description of the incident, the response/action taken, and any further comments:

Form completed by (please print): _____

Signature: _____

Date: _____

Description of incident:

This incident was discussed with the student (check one):

YES

NO

Student response:

The student chose not to respond

A copy of the form will be provided to the student by the SRS

**This form should be sent in confidence to:
Director, School of Rehabilitation Science
3416, 104 Clinic Place Saskatoon, SKS7N 2Z4 Fax: (306) 966-6575**

This section for use by Director or Clinical Education Co-ordinator:

Third Minor Incident

Previous Professionalism Concern Form

Major Incident

Signature: _____

Date: _____

This section for use by Director, SRS

Discussed at SRS Academic Affairs and Forwarded to Associate Dean UGME/
Professionalism Panel/University Secretary for review:

Signature: _____ Date: _____

For Professionalism File

For Academic File

Signature: _____ Date: _____

Student notification of Appeal Process

Signature: _____ Date: _____