



**MASTER OF PHYSICIAN ASSISTANT STUDIES PROGRAM  
PROFESSIONALISM CONCERN FORM**

**Minor Incident:** This form records >3 minor incidents as reported by any person (“the reporter”) in contact with a physician assistant student in any official capacity. The reporter would typically be a lecturer, course lead, faculty, preceptor, course coordinator, clinical site manager, or another MPAS student. The purpose of reporting a minor incident is to initiate a meeting between an MPAS 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 Coordinator of the Physician Assistant Studies program or the Academic Director of the program. The purpose of reporting a major or critical incident is to document more serious concerns of unprofessional behaviour that require documentation on the student’s Professionalism File or submission to the Professionalism Panel.

Indicate reason this form is being completed – Student is involved in:

Multiple Minor Incidents (identified by the Academic Director, MPAS)

Major Incident (submit to Academic Director, MPAS)

Critical Incident (submit to Academic Director, MPAS)

Student Name:

Program Year:

Year One

Year Two

Date incident occurred:

An MPAS student at the University of Saskatchewan College of Medicine is expected to demonstrate in their behaviours as a physician assistant 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 program and College. The following is a brief description of the incident, the response/action taken, and any further comments:

Description of the incident:

**This incident was discussed with the student (check one):** YES NO

.....

**Student Response:**

**A copy of this form is to be provided to the student by the MPAS Program Office**

**This form should be sent in confidence to:**

**Academic Director, MPAS Program  
107 Wiggins Road, Saskatoon, SKS7N 5E5  
Email: trustin.domes@usask.ca**

**Form completed by:**

**Signature:**

**Date:**

.....  
**This section for use by Academic Director:**

**Third Minor Incident**

**Major Incident**

**Previous Professionalism Concern Form**

**Forwarded to Professionalism Committee**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**For Professional File      For Academic File**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Student Notification of Appeal Process**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature of Academic Director:**

**Date:**