UNIVERSITY OF SASKATCHEWAN
College of Medicine
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# Procedures for Concerns with Medical Student Professional Behaviour

| | NAME | TITLE | SIGNATURE | DATE |
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| **Author** | Dr. Patricia M. Blakley | Associate Dean, Undergraduate Medical Education | | 2 May 2017 |
| **Reviewer** | Dr. Meredith McKague | Assistant Dean, Academic | | 2 May 2017 |
| **Reviser** | Dr. Meredith McKague | Associate Dean, Undergraduate Medical Education | | 4 Jan 2021<br>19 Jul 2022<br>3 Sept 2024<br>17 Jul 2026 |
| **Authoriser** | Dr. Kent Stobart | Vice Dean, Education | | 31 Jul 2017<br>4 Jan 2021<br>18 Jul 2022<br>3 Sept 2024<br>17 Jul 2026 |

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| **Effective Date:** | 31 July 2017 |
| | |
| **Revision Date:** | 4 Jan 2021<br>18 Jul 2022<br>3 Sept 2024<br>17 Jul 2026 |
| **Review Date:** | July 2028 |

| **READ BY** | | | |
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| **NAME** | **TITLE** | **DATE** | |
| Dr. Beth Bilson | University Secretary | 18 July 2017 | |
| Dr. Greg Malin | Year 1 Chair | 11 June 2017,<br>3 Jan 2020 | |
| Dr. Schaana Van de Kamp | Year 2 Chair | 11 June 2017 | |
| Dr. Joelle McBain | Year 3 Chair | 11 June 2017 | |
| Dr. Jessie Baptiste | Year 4/5 Chair | 11 June 2017 | |
| Dr. Bindu Nair | Assistant Dean, Student Services | 11 June 2017 | |
| Sherry Pederson | UGME Program Manager | 11 June 2017 | |
| Kiefer Lypka, Jeffrey Elder, Adrianna Gunton, Odell Tan | Student Medical Society of Saskatchewan | 11-16 May 2017 | |
| Kevin Smith | University Legal Counsel | July 2026 | |
| Dr. Susan Bens | Academic Integrity Strategist | July 2026 | |
| Dr. Julian Demkiw | University Secretary | July 2026 | |

# Contents

# Purpose:

The purpose of the *Procedures for Concerns with Medical Student Professional Behaviour* is to describe the implementation of the *Regulations on Student Academic Misconduct* and **Standard of Student Conduct in Non-Academic Matters** and **Regulations and Procedures for Resolution of Complaints and Appeals** within the College of Medicine. This provides clear expectations of learners and transparent processes for responding to concerns of lapses in professional behaviour by medical students. It is the expectation that medical students as junior colleagues and members of the medical profession are held accountable to the same standards as professionals in the medical field. The Procedures align with the College of Medicine, College of Physicians and Surgeons of Saskatchewan and the Canadian Medical Association Code of Ethics for clinical faculty. Both medical students and clinical faculty are expected to adhere to the same principles of professionalism.

These procedures ensure that the Undergraduate Medical Education (UGME) program meets or exceeds the following Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation standards (2025-26):

3.5 LEARNING ENVIRONMENT

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviours in its medical students, faculty members, and staff at all locations

The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment to:

a) identify positive and negative influences on the maintenance of professional standards
b) implement appropriate strategies to enhance positive and mitigate negative influences
c) identify and promptly respond to reports of violations of professional standards.

# Scope:

These procedures apply to instances where undergraduate students registered in the Doctor of Medicine (MD) program at the University of Saskatchewan, irrespective of the geographically distributed site to which they are currently assigned, engage in behaviour which is generally recognized as being outside of the expected standards of professional behaviour.

## Definitions:

**Reporter:** a person who submits a report of unprofessional behaviour. Typically, this will be an instructor/preceptor, Module/Rotation/Course Director, Course Chair or Year 1 – 4 Chair/Site Coordinator. This may also include a staff member of the university or Health Authority, another medical student or medical resident, or a member of the public.

**Respondent:** a person alleged to have engaged in unprofessional behaviour. This will typically be an undergraduate student registered in the Doctor of Medicine (MD) program at the University of Saskatchewan. This may also include students from other medical schools who are participating in a visiting clinical elective in the College of Medicine at the University of Saskatchewan. Unprofessional behaviour of medical students on visiting clinical electives will be reported to the Associate Dean UGME at the student's home institution for management.

**Minor Incident:** an incident that has relatively minimal potential consequences for the individual or others but still reflects a lapse in professional behaviour. Examples of such behaviour include but are not limited to:

- Arriving late for a mandatory lecture or clinical learning experience without appropriate explanation
- Submitting an assignment late
- Missing a mandatory session without appropriate permission
- Presenting an appearance that may not be perceived by patients or preceptors as professional
- Using language in email, assignment or other communication that may be overly casual or may be perceived as otherwise inappropriate or disrespectful
- Receiving or responding to feedback inappropriately
- Failing to promptly return phone calls and emails, or other communication unrelated to patient care
- Incidents of academic misconduct in which the reporter perceives that the student's misconduct was minor and unintentional, due to a lack of understanding of expectations, rather than intentional

**Major Incident:** an incident that has the potential for serious personal or clinical consequences for others, including patients. Examples of such unprofessional behaviour include but are not limited to:

- Failing to return phone calls and emails when patient care may be compromised
- Not responding promptly to calls for assistance (when on call or expected to be available)
- Failing to communicate, in a timely manner, absences due to illness or other reasons
- Most lapses of academic integrity, including plagiarism, misrepresentation, accessing unpermitted assistance, unauthorized collaboration, and unauthorized distribution (in academic work such as assessments or assignments, research, and/or clinical work).
- Posting patient information on a social networking website
- Sharing patient information in a public space
- Engaging in inappropriate and/or offensive communication with colleagues
- Inappropriate communication whether on social media/ internet, in person or other means including shaming others publicly, exhibiting uncontrolled anger; displaying inappropriate pictures from research, education or clinical settings through social media;
- Inappropriate communication may also include the use of unacceptable words, images, or actions such as profane or disrespectful language; inappropriate labels or name-calling; patronizing and insulting remarks; intimidating gestures by slamming doors or throwing things;
- Uncooperative behaviours, whether intentional or not, such as non-compliance or delayed compliance with known and accepted practice standards or program requirements or not responding promptly to communication from staff or faculty;
- Unintentional breaches of private health or personal information where the student takes appropriate steps to report and contain that breach
- accessing own or friend/family member's health information inappropriately where there was no mal-intention, through platforms intended for access only when providing care for a patient
- Failure to work collaboratively with colleagues, staff and patients;

**Critical Incident:** an incident which has direct harmful consequences or is an egregious breach of well-recognized standards. Examples include but are not limited to:

- Being sexually inappropriate with a patient, classmate or any other member of the community
- Physically or sexually assaulting a patient, classmate or any other member of the community
- Unwelcome and inappropriate verbal, written, graphic or physical conduct, or coercive behaviour, where the behaviour is known or reasonably ought to be known to be unwelcome
- Unauthorized release of confidential information including identifiable personal data of a research participant; a patient's health information or other breach of personal information, privacy policy and law Freedom of Information and Protection of Privacy Act (FOIP), the Local Authority Freedom of Information and Protection of Privacy Act (FIPPA), Health Information Protection Act (HIPA), particularly where the student does not take appropriate steps to prevent, report and contain the breach
- Inappropriately accessing or using a co-worker, learner, research participant or patient's personal information

## Guiding Principles:

In the teaching and learning of Medicine, professionalism is a core academic competency and is continuously being assessed throughout the undergraduate medical education program. Clinical courses include professionalism as a component to be taught and assessed. These procedures are not intended to override course-related assessment processes or documentation. The primary intention of these procedures is to provide an effective mechanism for the early identification of students who need assistance with their professional development so that appropriate remediation can be implemented in support of their successful completion of the program. They should be considered when unprofessional conduct is identified that is outside the developmental norms for a student's cohort. The secondary intention of these procedures is to assist with crucial academic decisions when remediation is unsuccessful or inappropriate.

These procedures cover most allegations of unprofessional behaviours that occur in academic or clinical settings or other work placements, or that are related to the student's area of professional study and are informed by the following guiding principles:

## Respect for others

Professionals demonstrate consideration and respect for others including patients, their families and support persons, colleagues, classmates, teachers, other professionals and the public.

- We don't allow our conduct to negatively impact on others' learning or clinical activities
- We don't discriminate against others on the basis of such grounds as age, race, colour, ancestry, place of origin, ethnicity, political beliefs, religion, marital status, family status, physical or mental disability, sex, sexual orientation or gender identity
- We demonstrate respect for the dignity and rights of patients and their families or support persons, considering their diversities, both in their presence and in discussion with other members of the health care team
- We accept and promote patient autonomy in decision---making, and when the patient lacks capacity, we consult with and appropriately take direction from surrogate decision---makers
- We respect the personal boundaries of others and refrain from making unwanted or inappropriate romantic or sexual overtures towards others
- We communicate respectfully with others both verbally and in writing
- We respect the privacy and confidentiality of those to whom we owe that duty

## Honesty and integrity

Professionals demonstrate adherence to the highest standards of personal, professional and academic honesty and integrity.

- We communicate truthfully with others verbally and in writing
- We don't falsify documents or records
- We acknowledge and manage conflicts of interest appropriately, avoiding conflicts of interest, real or apparent, whenever there is potential detriment to others
- We admit and disclose errors
- We make accurate records of conversations, histories, physical findings and other information pertinent to patient care

- We engage in learning with academic integrity; we do not engage in plagiarism, nor do we give or receive assistance during an examination or in completion of an assignment unless such is expressly permitted
- We conduct research in an ethical manner, analyzing and reporting results accurately and fairly
- We credit the ideas and work of others appropriately and fairly

### Compassion and empathy

Professionals demonstrate compassion and empathy for those in distress and especially for patients, their families and support persons.

- We demonstrate effective listening
- We are aware of and respectful of others' differences and respond appropriately to their needs
- We show compassion and provide support for patients, their families and support persons dealing with illness and/or dying and death

### Duty and responsibility

Professionals acknowledge their duties to patients, their profession and society and accept the responsibilities that flow from these duties.

- We attend to patients' best interests and well-being as the first priority
- We work cooperatively with others for the benefit of our patients and contribute to a healthy working environment for all
- We make equitable and prudent use of health care resources under our control
- We are responsible to society for matters relating to public health
- We recognize and adhere appropriately to policies, codes, guidelines and laws that govern us and our work
- We participate in the process of self-regulation of the profession
- We address misconduct, incompetence or behaviours that put patients or others at risk
- We share resources and expertise, and assume responsibility for our portion of a fairly distributed workload; where issues of fair distribution arise, we act most immediately in the patient's best interests, and seek to resolve issues of fairness through appropriate channels
- We respond in an appropriate, non-judgmental and non---demeaning manner when our expertise is sought

- We don't take advantage of colleagues, learners, patients, their families or support persons or others for emotional, financial, sexual or other personal purposes, and we conduct research and educational activities with these groups only with appropriate informed consent
- We fulfill commitments, meet deadlines and are punctual particularly where these behaviours have significant impact on others; where we are unable to do so, we communicate appropriately to mitigate any negative impacts
- We engage in lifelong learning, maintain clinical competence and strive for continuous quality improvement
- We take appropriate and necessary responsibility for our personal health and well-being
- We recognize our own limitations and seek assistance appropriately
- We display dress, behaviour and demeanor in the educational and healthcare setting in keeping with appropriate pedagogical, clinical or safety standards

Used with Permission Dalhousie University Faculty of Medicine "Dalhousie Medical School Professionalism Committee Professionalism Policy".

## Responsibilities:

The Associate Dean, Undergraduate Medical Education (UGME) or their designate is responsible for the oversight and implementation of the *Procedure for Concerns with Medical Student Professional Behaviour*.

## Specific Procedure:

**A) Coaching regarding more common minor lapses**

Understanding standards of professional behaviour is a developmental process, and is learned through observation of role models, feedback and coaching. Junior learners, in particular, may be less familiar with expected standards of professional behaviour. Coaching should be offered when a junior learner behaves in a way that may be slightly outside the professional norm but without potential to harm others, and where the learner might reasonably be unfamiliar with typical professional expectations. These types of routine coaching conversations may be documented on a course assessment form or be undocumented, depending on the context.

First and second late assignments, late attendance or missed mandatory session:

Note that late submission of an assignment, or late or missed attendance at mandatory session, may occur more often for those who are early in the program and less familiar with deadlines and program platforms. Therefore, the first two instances of any such lapses in Pre-Clerkship (Years 1 or 2) will be noted to the student for coaching purposes, but will not require an informal discussion, nor will it be documented on an Minor Incident Discussion Form (unless other professionalism issues arose related to lapse, such as inappropriate communication). Academic outcomes outlined in the **Assignment Submission Policy** or on preceptor assessment forms will still apply for all instances. Late assignment submission when the student has requested and received an approval for an extension of the submission deadline does not require documentation or informal discussion. Similarly, late attendance or missed mandatory sessions where appropriate permission has been requested and approved do not require documentation or informal discussion.

To assist with providing coaching for learners related to minor incidents of late assignments, late attendance or missed mandatory sessions, relevant staff or faculty are encouraged to provide feedback to the learner using the professional Coaching and Kudos Form. Completion of a Coaching and Kudos Form related to a minor incident will prompt an email to the learner with some coaching tips. The learner may choose to provide a response, if they wish, but a response is not expected. Coaching can also be provided via other routes, such as a direct email.

Late submission of an assignment, late attendance at a mandatory session, or missing a mandatory session without appropriate permission, will be tracked to allow identification of repeated instances, which may be an indicator of a student needing additional support. Once two instances of these types of minor incidents have been noted, this will prompt a notification to the Year Chair. Subsequent minor incidents will prompt a discussion with documentation on a Minor Incident Discussion Form (see 6.2).

Other minor lapses in professional behaviour whether noted on a Coaching and Kudos Form or via other means will be reviewed by the Year Chair and may prompt an informal discussion with documentation on a Minor Incident Discussion Form (see B.2).

Staff, faculty and others are also encouraged to provide positive feedback about learner professional behaviour using the “Kudos” category on the Coaching and Kudos Form.

**B) Addressing a minor incident via Informal Discussion**

### B.1 Initial Minor Incidents

When a student has a minor lapse in professional behaviour (see 3.0 – Definitions) where they should reasonably be expected to be familiar with standards of professional behaviour, this can be addressed through an informal discussion with the student (respondent) by a reporter who first identifies the issue (Appendix A). An informal discussion may occur via email or via a meeting with the reporter or year chair and the student. If the informal discussion is via a meeting, the student is encouraged to seek support from the Office of Student Affairs (OSA) and to invite an OSA staff member to if attending an informal discussion meeting. Generally, a conversation and feedback may be sufficient, although it may also be reasonable to expect that the student will address the issue in a manner mutually agreed upon. The reporter will document the discussion with the student on an Minor Incident Discussion Form. The student will be provided a copy to document their understanding of the discussion and response, should they wish to provide it. The Minor Incident Discussion Form will be submitted to the Year Chair who will forward it to the Associate Dean, UGME, or designate and the relevant administrative staff member for filing on the student's professionalism file.

To ensure that feedback and resolution occur in a timely way, typically an informal discussion will occur within two weeks of the incident, the Minor Incident Discussion Form will be provided to the student within one week after the discussion, and the student will be expected to provide their response within one week of receipt of the form.

As noted above, the first two occurrences of any of *late submission of an assignment*, *late attendance at a mandatory session*, or *missing a mandatory session without appropriate approval* will be tracked but will not require a discussion (this might include, for e.g., two late assignment submissions or one late assignment submission and one missed mandatory session). Once two instances of any of these types of minor incidents have been noted, this will prompt a notification to the Year Chair. Any subsequent minor incident, including *late assignment, late attendance or missed session* (without appropriate permission and approval) will prompt a discussion with documentation on a Minor Incident Discussion Form.

The Associate Dean, UGME (or designate), will track receipt of Minor Incident Discussion Forms with learners that have not met the threshold for a Professionalism Concern Form. This would include students who have received 2 or fewer Minor Incident Discussion Forms.

### B.2. Multiple Minor Incidents

If a student has needed multiple (3 or more) informal discussions of similar or different types, then the Year Chair will be informed and typically will meet with the student. The procedure for reporting

a repeated minor incident is shown in the Professionalism Flowchart - Appendix A. The student is encouraged to seek the support of OSA and to invite an OSA staff member to a meeting. The Year Chair will document the meeting and will complete a Professionalism Concern Form. The student will have an opportunity to include a response which will be included. The Professionalism Concern Form will be submitted to the Associate Dean, UGME. The Report will be placed on the student's Professionalism File. No further action will occur at that time.

If a student experiences a subsequent minor incident in the same year, or subsequent years, after receiving a Professionalism Concern Form for multiple minor incidents, this will require a consultation with the Professional Conduct Committee. The Associate Dean, UGME will inform the student that a consultation about the matter will be made to the Professional Conduct Committee. The Committee will meet to determine whether a Formal Professionalism Hearing is required. If the Committee determines that a Formal Hearing is not required, they may still recommend specific steps to be taken by the student to avoid similar issues in the future. The student will be notified, and the student will typically have a meeting with the Associate Dean, UGME and a representative of the Office of Student Affairs, to discuss the concerns, strategies to address them, and supports that would help the student in avoiding similar issues in the future. The student will receive a note indicating the discussion and identified plan resulting from the meeting. If the student disagrees with any recommendations of the Professional Conduct Committee, they may request a meeting with the Professional Conduct Committee to address. The Associate Dean UGME, or designate, will review that request and consult with the Chair of the Professional Conduct Committee to determine if a meeting is appropriate or not, and will respond to the student's request if a meeting is granted.

If the Committee determines that a Formal Hearing is required, then the student will be notified, and a Hearing will be held. The process for a Formal Hearing of the Professional Conduct Committee is described in Section 6.4. The Committee's decision and recommendations will be communicated to the Associate Dean, UGME and relevant designate, as well as to other relevant parties.

**C. Reporting a Major Incident**

A Major Incident is one that has the potential for serious consequences to patients, peers, staff and faculty. A Major Incident may also include incidents that have the potential to damage the reputation of the College of Medicine and/or University. Examples of Major Incidents can be found in Section 3.0 – Definitions. The procedure for reporting a Major Incident is shown in the Professionalism Flowchart - Appendix B. When a student is alleged to have engaged in a Major Incident, the reporter submits the concern to the Year Chair and/or Year Coordinator. The Year Chair or Year Coordinator, with or without the reporter, will meet with the student to discuss the incident.

The student is encouraged to see the support of OSA and to invite an OSA staff member to a meeting. The Year Chair/Coordinator will document the meeting and will complete a Professionalism Concern Form. The student will have an opportunity to include a response in the Report. The Professionalism Concern Form will be submitted to the Associate Dean, UGME, or designate.

To ensure that feedback and resolution occur in a timely way, typically discussion will occur within two weeks of the major incident, the Professionalism Concern Form will be provided to the student within one week after the discussion, and the student will be expected to provide their response within one week of receipt of the form.

The Associate Dean, UGME, or designate will inform the student that a consultation about the matter will be made to the Professional Conduct Committee. The Committee will meet to determine whether a Formal Professionalism Hearing is required. If the Committee determines that a Formal Hearing is not required, they may still recommend specific steps to be taken by the student to avoid similar issues in the future, as well as certain sanctions. In some situations, alternate resolution processes may be recommended.

The student will be notified of the recommendations of the Committee and student will typically have a meeting with the Associate Dean, UGME, or designate, to discuss the concern, strategies to address, and supports that would help the student in avoiding similar issues in the future. The student is encouraged to see the support of OSA and to invite an OSA staff member to a meeting with the Associate Dean or designate. If the student disagrees with any recommendations of the Professional Conduct Committee, they may request a meeting with the Professional Conduct Committee to address. The Associate Dean UGME, or designate, will review that request and consult with the Chair of the Professional Conduct Committee to determine if a meeting is appropriate or not, and will respond to the student's request if a meeting is granted.

If the Committee determines that a Formal Hearing is required, then the student will be notified, and a Hearing will be held. The process for a Formal Hearing of the Professional Conduct Committee is described in Section 6.4. The Committee's decision and recommendations will be communicated to the Associate Dean, UGME, and relevant designate, as well as to other relevant parties.

**D) Reporting a Critical Incident**

A Critical Incident is an incident which has direct harmful consequences or is an egregious breach of well-recognized standards. Because of the nature of the incidents as evidenced by the examples

identified in Section 3.0 – Definitions, the reporting of a Critical Incident is anticipated to follow most closely the processes utilized in the University of Saskatchewan Regulations on Student Academic Misconduct (2017) and Standard of Student Misconduct in Non-Academic Matters and Regulations & Procedures for Resolution of Complaints and Appeal (2016).

The procedure for reporting a Critical Incident is shown in the Professionalism Flowchart - Appendix C. When a student is alleged to have engaged in a Critical Incident, the reporter submits a Professionalism Concern Form to the Associate Dean, UGME. The Associate Dean UGME or their designate will then file a formal complaint pursuant to the University of Saskatchewan Regulations on Student Academic Misconduct (2017) and Standard of Student Misconduct in Non-Academic Matters and Regulations & Procedures for Resolution of Complaints and Appeal (2016). In the case of academic misconduct, the Professional Conduct Committee will serve as the College of Medicine's Hearing Board as designated by the Dean, while in the case of non-academic misconduct, the complaint is adjudicated by the University Secretary who may convene a Formal Hearing before the Senate Hearing Board. The relevant university-level regulations are as follows:

- University of Saskatchewan Regulations on Student Academic Misconduct (2022)
- University of Saskatchewan Standard of Student Conduct in Non-Academic Matters and Regulations & Procedures for Resolution of Complaints and Appeal (2026)

If the Critical Incident has the potential to significantly impact the safety or wellbeing of others, particularly patients, the Associate Dean, UGME may modify or interrupt the participation of the student in learning activities, including clinical activities, pending investigation of the allegations. In such cases, the Professional Conduct Committee or the University Secretary's office would proceed as quickly as possible and, if safety to participate in the program is established, would communicate to the Associate Dean, UGME that the student can resume learning activities. Where there is reason to consider that behaviour may present a potential risk to patient safety or impact the learner's ability to engage effectively in the care of patients, consultation with and reporting to external partners including the Saskatchewan Health Authority (SHA) and/or College of Physicians and Surgeons of Saskatchewan (CPSS) will typically be required.

**E) Process for a Formal Hearing of the Professional Conduct Committee**

The Professional Conduct Committee is a standing committee of the Faculty Council and is composed of a chairperson who is an MD faculty member and two additional members of the faculty of the college, at least one of whom will be an MD, as well as two faculty from the School of Rehabilitation Sciences and one faculty from the Master of Physician Assistants Studies program.

Members of the Professional Conduct Committee are nominated by the Nominations Committee of Faculty Council and elected to staggered three-year terms and may be re-appointed for a second term. The Committee maintains its own records, filed on the respondents' professionalism file, separate from respondents' academic files.

Membership for a hearing for an MD student will include:

- the Chair
- two other College of Medicine faculty, made up of members of the committee
- one medical student who is chosen by the Associate Dean, Undergraduate Medicine Education, consulting with the SMSS executive.

The Associate Dean, UGME, in consultation with the Student Medical Society of Saskatchewan executive, will appoint to the Professional Conduct Committee a more senior student from the MD program or, in the case of a respondent who is a final year student, from the first postgraduate year of medical training. Further, the respondent may choose to request that a student be appointed from a different college or school/program, with the Associate Dean UGME making that selection

The selection of a member or members of the hearing board may be challenged by the respondent if there is reasonable apprehension of bias or conflict of interest.

All Committee proceedings should be based on sound principles to ensure a fair hearing within a reasonably short period of time. The hearing will be held as soon as is practical in the circumstances, and in accordance with principles of procedural fairness. The primary goal of the process should be educational, with a goal, whenever possible, of the successful remediation of unprofessional conduct and the subsequent successful completion of the program. Where behaviours are inconsistent with the functional core competencies of the program and/or expected behaviours within the profession (such as with a single egregious incident or repeated incidents without evidence of progress being made toward consistently meeting professional expectations), then the process may result in sanctions intended to protect the public, including the individual being required to temporarily or permanently discontinue the program.

The Committee is to receive the evidence, determine the validity of the allegation and, if warranted, determine, implement and monitor appropriate remedial action. The Committee may also determine academic repercussions as well as other sanctions.

The Associate Dean UGME (or designate) will write to the respondent as soon as possible advising him/her of the allegation, the date and place of the hearing and the Committee membership so that potential conflicts of interest can be identified. This notice will be provided via email to the respondent's USask email account. The respondent will be provided with approximately 2 weeks' notice of the meeting date. Where there are special circumstances (as determined by the Associate Dean UGME, or designate, the matter may be heard on less than 2 weeks' notice.

At least 5 days before the hearing the reporter and respondent will provide the names and contact information for any witnesses and/or advocates and any individual(s) accompanying them to the hearing and will provide any documentation the parties intend to submit at the hearing. This information will be shared with the hearing board. All information provided to a hearing board in advance of the hearing will be shared with both parties.

The Committee will meet with the respondent and the reporter at the same time. The Committee may, at its discretion, meet with any other person who, in the opinion of the Committee, can provide relevant evidence bearing on the matter. When multiple reporters will be attending a single hearing, the Committee Chair will determine if they attend jointly or individually.

The hearing may be held in person or by videoconference. The Committee may set its own procedures. The suggested order of proceeding is as follows: The reporter outlines the evidence before the Committee followed by questions and points of clarification asked by the Committee members. The respondent is then allowed to express his/her side of the question followed again by questions and points of clarification asked by the Committee members. Questions for clarification purposes may then also be asked through the Committee chair by the respondent and by the reporter.

After all questions have been answered and all points made, the Committee will meet in camera to decide on the question of validity and, if valid, an appropriate response/remediation plan/sanction. The decision will be communicated to the respondent and the reporter(s) in writing as soon as possible after the hearing. The respondent and the reporter(s) will be advised that either may appeal by the process identified in Section 6.5.

At the hearing, the respondent has the right to be accompanied by another non-participating person or persons of their choice, up to three. The Office of Student Affairs is available for this purpose, but the respondent may make a different choice. This may include a class representative who may serve as support or character reference, or an individual with lived experience in common with the respondent.

Similarly, the reporter may be accompanied by a non-participating person or persons of their choice, up to three. On request, the Associate Dean UGME, or designate, will provide information and assistance in the identification of a suitable escort who is familiar with the procedures associated with this policy.

If the respondent does not respond to the written/email notification of the hearing, or declines to appear before the Committee, or does not attend the hearing, the Committee has the right to proceed with the hearing. It is obviously in the respondent's interests to be present for the hearing, but the Committee should not be prevented from holding a hearing because the respondent has not appeared.

When the reporter is a not a member of the university community, and with the agreement of the Committee members, the respondent may waive the requirement that the reporter be present in person; this assumes that the written documentation is clear and uncontested.

In circumstances in which the reporter is particularly vulnerable, the Chair of the Professional Conduct Committee may, at their discretion, permit the reporter to name a proxy to act on the reporter's behalf.

When a set of circumstances has led to allegations of unprofessional conduct against two or more respondents, the investigation may include an opportunity for any or all the respondents to be interviewed separately. In a case where the unprofessional conduct is ascribed to a group of students, the Committee will try to determine if one person is responsible, or whether varying degrees of responsibility can be delineated. If individual responsibility cannot be determined, the whole group may be sanctioned.

If a majority of members of the hearing board conclude that the allegation of unprofessional conduct is supported by the evidence before the Committee, it may recommend one or more of the following responses:

- that a remediation plan specific to the concern(s) be implemented, to be developed and monitored by the Committee, such as:
    - a written reprimand,
    - resubmission or rewrite of assessment or academic work;
    - submission of a reflective assignment;
    - required learning focused on developing understanding and skills to prevent future similar issues;

    - requirement to work with a professionalism mentor;
    - community contributions such as developing a resource to support others with professional skills development and academic integrity
    - or other education requirements);
- that there be a referral for assessment of possible medical and/or psychosocial issues at play, to be reported back to the Committee for further action and/or referral as necessary;
- that there be a record of the event(s) placed in the respondent's academic file to be included in the Medical Student Performance Record;
    - that there be academic penalties (such as:
    - requirement to re-submit an assignment or re-write an exam;
    - that a grade reduction including a mark of zero or other appropriate grade be assigned for an assessment, module or course;
    - that a credit or mark for the module or course be modified or cancelled including assignment of a failing grade);
- that there be enrolment restrictions (such as:
    - that the respondent be required to repeat the term or year of the MD program during which the unprofessional conduct was identified;
    - that the respondent be suspended from the program for a specified period;
    - that the respondent be required to discontinue the program;
    - that the respondent be expelled from the University; or
    - that the conferral of a degree, diploma or certificate be postponed, denied or revoked).

When determining the appropriate response, the Committee will consider responses imposed for similar unprofessional conduct as recorded by the Associate Dean, UGME or designate, as well as any record of previous reports of unprofessional conduct by the respondent(s). It is intended that most incidents be addressed in a remedial fashion, without adverse impact on the respondent's academic progress or record. However, repeated and refractory unprofessional conduct, or single incidents of particularly egregious conduct, may lead to the recommendation for academic repercussions and/or enrolment restrictions as delineated above.

The chairperson of the Committee will prepare a report of the board's deliberations which will summarize the evidence on which the board based its conclusion that unprofessional conduct occurred and state the recommended response(s). Not later than 15 days after the Committee has completed its deliberations, the chairperson will deliver a copy of the report to the following persons:

- to the respondent;
- to the reporter (where there are multiple reporters, only relevant portions of the report will be shared);
- to members of the Committee;
- to the Associate Dean, UGME
- to the Chair of the Student Academic Management Committee, only if it is the decision of the Committee to recommend academic repercussions or enrolment restrictions;
- to the Registrar of the University of Saskatchewan, only if it is the decision of the Committee to recommend academic repercussions or enrolment restrictions;
- to the University Secretary.

When the Committee concludes that an allegation is not supported by the evidence, the report will so state. A decision of the Committee is deemed to have been adopted unless it is appealed.

Should the Hearing Board determine the outcome of suspension, expulsion or revocation of degree, that will be noted on the transcript unless overturned by appeal.

**F) Interaction between Professional Conduct Committee Decisions and Other Undergraduate Committee Decisions**

Decisions relating to academic progress occur at Course/Rotation and Year Subcommittees and the Student Academic Management Committee. Responsibility for decisions can be challenging when there are both academic and professionalism concerns. For most didactic, non-clinical courses professionalism is not assessed. Lapses of professionalism may impact the grade achieved by the student through course processes (e.g. failure to complete an assignment on time will have academic ramifications as the student will receive a zero on the assignment; academic misconduct deemed to be of minor nature may incur an academic penalty mutually agreed at an informal discussion). In these cases, the Professional Conduct Committee will only become involved when there are recurrent episodes of minor or major incidents. The Professional Conduct Committee will provide input on remediation to mitigate the risks for future incidents.

For clinical courses, professionalism is one aspect of the assessment plan and as such can impact success or failure in the course. There are two possible scenarios. In the first scenario, clinical work is meeting/exceeding expectations but there have been minor or major incident(s) relating to professionalism where the professionalism issues may be grounds for failure of a course or a Clerkship rotation on the basis of not meeting professionalism competencies that form part of the assessment. In this case the course director or rotation subcommittee may recommend academic

consequences which will be provided to the Professional Conduct Committee who will serve as an expert advisory body supporting the academic decision-maker. The Professional Conduct Committee may support the course director/rotation sub-committee recommendations (if provided) or provide alternative recommendations for academic consequences and remediation as appropriate if unprofessional behaviour is determined. The recommendations of the Professional Conduct Committee will be utilized by the course or rotation subcommittee to help them determine academic outcomes. Should the Professional Conduct Committee not make recommendations that would help to determine academic consequences or not be available to meet to allow timely academic decisions, then the recommendations of the course director/rotation sub-committee will be used to guide academic decisions of the Year Sub-Committee and Student Academic Management Committee regarding student progress until such time as the Professional Conduct Committee makes recommendations.

In the second scenario, a student's clinical work and professionalism are both determined to be below expectations. In this case the academic decision maker (e.g. the course director or rotation subcommittee) determines any academic outcomes (including failure of the course/rotation) and appropriate remediation for deficiencies in clinical work. Any recommended academic consequences from the course director or rotation sub-committee will be provided to the Professional Conduct Committee, who will serve as an expert advisory body supporting the academic decision-maker. The Professional Conduct Committee may support the course director/rotation sub-committee recommendations (if provided) or provide alternative recommendations for academic outcomes and remediation as appropriate if unprofessional behaviour is determined. The recommendations of the Professional Conduct Committee will be utilized by the course director or rotation subcommittee to help them determine academic outcomes of the professionalism concerns. Should the Professional Conduct Committee not make recommendations that would help to determine academic consequences or not be available to meet to allow timely academic decisions, then the recommendations of the course director/rotation sub-committee will be used to guide academic decisions of the Year Sub-Committee and Student Academic Management Committee regarding student progress until such time as the Professional Conduct Committee makes recommendations.

As indicated above (in 6.3) if a critical incident occurs and involves patient safety, the student will be immediately removed from clinical experiences pending assessment of fitness to return to clinical learning.

**G) Appeals Process**

Appeals are addressed through different routes, depending on the scenario, as outlined below. Where a situation falls outside of these scenarios, the Associate Dean Academic in consultation with the University Secretary will determine the appropriate procedures for a student to request appeal.

### Scenario A. PCC Decisions Related to Academic Misconduct Allegations

Where the allegation(s) against a student meets the criteria for academic misconduct as defined in the University of Saskatchewan Regulations on Student Academic Misconduct, the (such as plagiarism, fabrication, cheating, falsification; unauthorized assistance or collaboration; impersonation; improper conduct in academic or clinical settings or placements; other dishonest conduct that undermines academic integrity), where the PCC has served as the College hearing board, then a student may appeal a finding of academic misconduct and/or associated sanctions.

To request an appeal in this scenario, the student must deliver to the University Secretary a written notice of appeal within 30 days from the date a copy of the PCC hearing board report was delivered to the individual. If eligible for appeal, the appeal would occur at the University level. Procedures for appeals are described in the University of Saskatchewan Regulations on Student Academic Misconduct.

### Scenario B. PCC Recommendations that Inform Academic Decisions in Courses Where Professionalism is Assessed

Where the PCC has served as advisor to an academic decision maker (such as a course director or rotation sub-committee) on outcomes for professionalism concerns in a course or rotation in which professionalism is assessed, then a student may appeal academic decisions informed by PCC recommendations as per the UGME Academic Appeals Procedures and University of Saskatchewan Procedures for Student Appeal in Academic Matters. This would arise in the situation that the academic sanction recommended by the PCC is not eligible for appeal through the processes outlined in the Regulations on Academic Misconduct.

To request an appeal in this scenario, the student must deliver their written notice of appeal within 30 days from the date the academic decision was delivered to the individual. If eligible for appeal, the appeal would occur at the College level, with subsequent option to request appeal at the University level. Procedures for appeals of assessment outcomes and decisions on promotion, graduation and standing in program are described in the UGME Academic Appeals Procedures and the University of Saskatchewan Procedures for Student Appeals in Academic Matters.

### Scenario C. PCC Decisions Related to Non-Academic Misconduct Allegations

A respondent or complainant who has appeared before the University Senate Hearing Board related to a critical issue of non-academic misconduct, pursuant to the University of Saskatchewan Standard of Student Misconduct in Non-Academic Matters and Regulations & Procedures of Complaints and Appeal (2026) may appeal recommendations of the Senate Hearing Board by delivering to the University Secretary a written notice of appeal within 30 days from the date a copy of the hearing board report was delivered to the person. Procedures for appeals are described in the University of Saskatchewan Standard of Student Conduct in Non-Academic Matters and Procedures for Resolution of Complaints and Appeals.

**H) Professionalism Files**

Professionalism Files, including coaching feedback submitted by Coaching and Kudos Form or other means, Minor Incident Discussion Forms, Professional Concern Forms, hearing reports and other related documentation, are securely stored and retained for the longer of five years or until the student has completed their program, been dismissed, withdrawn or deceased. At that point, the student file is closed and de-activated on Maxient. A file can be revived for re-access at the initiation of the Associate Dean, UGME.

**I) Communicating the Procedures**

The College of Medicine will communicate the Procedure for Concern with Medical Student Professional Behaviour to faculty, staff, and students by ensuring that up-to-date versions of this procedure is publicly available on the college website.

The Undergraduate Medical Education Office will also communicate this procedure during students' first-year orientation with reminders at subsequent annual orientations.

## Forms / Templates:

- Coaching and Kudos Form
- Minor Incident Discussion Form
- Professionalism Concern Form
- Flowchart Appendix A – Minor Incident
- Flowchart Appendix B – Major Incident
- Flowchart Appendix C – Critical Incident

# Internal and External References:

**Internal References**

- Regulations on Student Academic Misconduct
- Standard of Student Conduct in Non-Academic Matters and Regulations and Procedures for Resolution of Complaints and Appeals

**External References**

- Dalhousie Medical School Professionalism Committee Professionalism Policy
- Queen's University Undergraduate Medical Education Student Professionalism Policy
- CMA Code of Ethics
- College of Physicians and Surgeons of Saskatchewan - Regulatory Bylaws for Medical Practice in Saskatchewan (February 2017)

# Change History:

| Effective Date | Significant Changes | Status |
|---|---|---|
| 4 Jan 2021 | updated process for Year Chairs to submit report forms to Associate Dean for tracking of concerns; clarified process when professionalism issues may have academic consequences in a clinical course | Replaces all previous versions of this procedure |
| 19 Jul 2022 | updated suggestion for students to seek OSA support processes for minor or major concerns; clarified distribution of hearing reports | Replaces all previous versions of this procedure |
| 30 Aug 2024 | Updated process related to informal discussion not being required for a first late assignment in Pre-Clerkship (6.1); minor edits to clarify processes (6.2, 6.5); typical timelines for completion of documentation (6.1, 6.2) | Replaces all previous versions of this procedure |
| 17 Jul 2026 | Updated process related to coaching for first and second late assignment, late attendance or missed session in Pre-Clerkship; edits to categorize outcomes and sanctions; edits to clarify appeals processes (6.7) | Replaces all previous versions of this procedure |