

This screening form **MUST** be utilized at 1-year, 2-year, continuing appointment (CAR) reviews, during the academic promotion process, and for annual assessment of performance meetings (AAPs). Faculty member must be the last signatory on this form. Completed forms will sent to the Department Chair c/o sylvia.perry@utoronto.ca and kept on file in the Department of Surgery.

Faculty members have the opportunity to discuss/appeal the responses provided. The relevant links to CPSO, Faculty and Department policies are provided below.

Being completed for (Name of faculty member):

This form is for:

- 1-year Review
- 2-year Review
- Continuing Appointment Review
- Annual Assessment of Productivity
- Promotion

University	Hospital	Surgeon in
Division	Division	Chief
Chair	Head	(Y/N)
(Y/N)	(Y/N)	

Are you aware of:

Serious transgressions / egregious lapses* in:

1. Professionalism (e.g. racism, intimidation, harassment, bullying, inaccessible)
2. Learner mistreatment
3. Clinical care (e.g. poor medical record keeping, patient safety concerns)

Recurrent transgressions* that form a pattern of behaviour in:

1. Professionalism (e.g. racism, intimidation, harassment, bullying, inaccessible)
2. Learner mistreatment
3. Clinical care (e.g. poor medical record keeping, patient safety concerns)

*Written documentation is required (e.g. email correspondence, written complaint)

Role	Name	Signature	Date
University Division Chair			
Hospital Division Head			
Surgeon-in-Chief			
Chief Medical Officer (CMO)/CMO equivalent (only if 360-review conducted)			

A 360 review will be conducted if there are concerns identified. The CMO (or equivalent) should be alerted to this occurrence. The CMO is attesting to their knowledge that a 360 review is/was conducted because of concerns identified. A 360 review would include soliciting feedback from other paraprofessionals who work regularly with this clinician.

Additional narrative text (positive and/or negative): add your name at the end of your free text section

Was the faculty member aware of the above-mentioned issue(s) prior to this review?

Yes:

No:

If yes, has this awareness resulted in any:

Yes

No

Informal outcomes:

Formal outcomes:

Other (please specify below):

Additional free text narrative regarding steps taken

By signing below I, _____ acknowledge that I am aware that this information will be included in the annual review process. Information on this form is confidential and access will be limited to those individuals involved with promotions or faculty review.

Signature:

Date:

Links:

[Department of Surgery Respectful Relationship Guidelines](#)

[Temerty Medicine Standards of Professional Behaviour for Clinical Faculty](#)

[CPSO Physician Behaviour in the Professional Environment](#)

[RCPSO CANMEDS Professionalism Framework](#)