

Manager Response to Professional Responsibility Concern

This form is to be completed by the most immediate supervisor in an excluded management position in response to a Professional Responsibility Concern (PRC).

Note: In this response, please do not use any patient identifiers.

Supervisor Name:	UNA PRC #:	Date:
	AHS # (if applicable):	Was a RLS completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work site (Unit/Department):	Date of PRC Event:	
What is the issue:		
Was the concern discussed with the manager prior to receipt of the PRCF? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the date in which this conversation occurred. Date:		
Summary of Pre-PRC Discussion(s):		
Is this an isolated or recurring/ongoing issue? <i>(Note approximate date issue brought to your attention, frequency, and brief overview of measures taken to address to date)</i>		

Was there an established procedure/process for dealing with this issue? Yes No

Summarize or attach applicable procedure/process.

What variables may have affected this situation?

Staffing Sick Calls Skill Mix LOA Workload

Other (Please specify): _____

Comments/Description:

Specific response or action plan that was taken to address the event/issue:

Distribution of Response:

Please send this written response to your PRC Committee Co-chairs and the Employee(s) who filed the concern as soon as possible:

_____ [@ahs.ca](mailto:_____@ahs.ca)

_____ [@una.ca](mailto:_____@una.ca)