



Addressing Learner Mistreatment: A Management Guideline for Learners, Faculty Members and Leaders

Preamble

The Department of Obstetrics and Gynaecology is committed to providing a safe and welcoming learning environment for all our learners. Every member of the department will treat everyone they encounter with courtesy, respect and professionalism. **Intimidation, harassment and discrimination are strongly condemned and will not be tolerated.**

This resource is intended to supplement resources developed by the University of Toronto and fully-affiliated hospital sites, including but not limited to:

- PGME : [Guidelines for Managing Disclosures about Learner Mistreatment](#) (February 2021)
- MD Program: [Protocol for addressing incidents of discrimination, harassment, mistreatment and other unprofessional behaviour](#) (February 2019)
- CPSO policy: [Physician Behaviour in the Professional Environment](#) (updated 2016)
- Faculty of Medicine: [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#) (April 2020)

This document is intended to provide specific guidance and to increase transparency for academic learners and leaders in the Department of Obstetrics and Gynaecology in managing these types of unwarranted behaviours.

The guideline will address:

1. Reporting of disruptive behaviours
2. Steps for leaders to take when disruptive behaviour is reported
3. Repercussions of disruptive behaviour
4. Individualized documentation of reports of disruptive behaviours
5. Summary documentation of reports, interventions and outcomes of disruptive behaviours
6. Key definitions



1. Calling attention to concerning behaviours

The University distinguishes between disclosures and reporting:

Disclosure occurs when a complainant conveys information about the conduct of a clinical faculty member to a faculty member in a University-based or Hospital-based leadership role as outlined below, or seeks information about options.

Reporting occurs when a complainant conveys information about the conduct of a clinical faculty member to a faculty member in a University-based or Hospital-based leadership role as outlined below, with the intention that the Department formally reviews and potentially acts upon the information in accordance with this document or another process if applicable, which could result in remedial or disciplinary action taken against the clinical faculty member.

Mechanisms for disclosure or reporting

There are several mechanisms available in the Department of Obstetrics and Gynaecology for individuals, particularly learners, to report disruptive behaviour:

- a) The preferred mechanism for achieving effective action is via a direct disclosure or report. Direct disclosures and reports can be made verbally, via email, or in writing. Complainants using this method will be able to specify their preference for a disclosure or report as outlined above, and whether to officially self-identify or remain anonymous.

Depending on the nature of the incident or concern, a disclosure or report may be made to:

- Hospital Site Director or Rotation Supervisor;
 - Undergraduate, Residency or Fellowship Program Director;
 - Member of the Residency Wellness Team;
 - Department Vice-Chair of Education;
 - Hospital VP Education;
 - Designated PGME Program Leaders including the Director of Learner Experience or the Associate Dean, Postgraduate Medical Education;
 - Member of the MD Program team, including the Vice-Dean or the Medical School Wellness office; *or*
 - Any other faculty member, with the awareness that this faculty member may need to consult an academic leader for guidance.
- b) Reporting through anonymous resident forums, such as the online ObGyn Resident Mistreatment form (link available on Home Womb homepage), the Resident Retreat (guidelines available on Home Womb) or other venues. Actions taken from this form of reporting may be limited by anonymity and the level of detail provided.
 - c) Learners may use the teaching evaluation system (Elentra/POWER/MedSIS) to report concerning behaviour. While every effort is made to react urgently to disclosures of harassment, intimidation or discrimination received via a teaching evaluation, the volume of these evaluations may delay the ability



to take swift action. For this reason, we encourage learners to use one of the above mechanisms, rather than the teaching evaluation system, to report harassment, intimidation or discrimination.

- d) Learners should be aware that disclosed information may be fed forward immediately for action, if the nature of the concern is considered critical. In such cases, confidentiality will be maintained for all parties; however, anonymity may be compromised in order to take effective action – this will depend on uniqueness of situation.

Points of consideration regarding disclosure and reporting

- These guidelines are publicly available at obgyn.utoronto.ca.
- The complainant may choose whether to disclose or report, as defined above.
- There are rare, egregious circumstances that trigger the University's obligation to act on a complaint, independent of the complainant's intent to disclose vs. report. Examples of this include CPSO mandatory reporting, immediately health and safety risk including sexual harassment or sexual violence, and other requirements as outlined by law.
- Best efforts are always made to prioritize the complainant's psychological, social and physical safety, by outlining supports available to them from the University.
- The complainant may choose to disclose or report anonymously, with the understanding that:
 - there are circumstances where the Department may be required by law or other compelling reasons (e.g. health and safety) to disclose their identity;
 - it may still be possible for the clinical faculty member in question to identify them based on the description of the underlying incident(s);
 - if the Department decides to proceed with an investigation based on an anonymous disclosure or report, the complainant(s) will not be known and so will be unable to participate in the review process, or receive information about its outcome;
 - the clinical faculty member may have a limited ability to respond to an unidentified or anonymous disclosure or report;
 - the Department may be limited in the scope of its review, if the clinical faculty member has not had a meaningful chance to respond to the disclosure or report due to anonymity;
 - the Department may be limited in the sanctions that it can impose against the clinical faculty member when a disclosure or report has been made anonymously.
- The Department and the University will not tolerate retribution or reprisal toward complainants.
- While a self-identified complainant may choose to withdraw from participation in the review process, the University may elect to proceed without the participation of the complainant (e.g. where the issue is egregious, demonstrates a pattern of behaviour, creates health and safety risks or CPSO reporting requirements, etc.)
- The Department may choose not to review a disclosure or report if it determines that the disclosure or report is frivolous, has been made in bad faith, or lacks sufficient information to proceed.



2. Steps for Academic Leaders to Take (Disclosure/Report at Departmental Level)

a) Begin conversation with trainee

This conversation should include information on the distinction between a disclosure and a report.

b) If the trainee wishes to make a disclosure:

- The academic leader should point the trainee to the resources available through the Learner Experience Office (LEO), and encourage them to submit a disclosure form to LEO.
- The academic leader should document details regarding the incident. *
- If the trainee does submit a form to LEO, LEO will reach out to the program director for more information and to advise on next steps, including approaching other parties as appropriate (e.g. hospital leadership, etc.).

If the trainee wishes to make a report:

- The academic leader should point the trainee to the resources available through the Learner Experience Office (LEO), and advise them that a report of learner mistreatment must be submitted to LEO.
- The academic leader should document details regarding the incident. *
- If the trainee does submit a form to LEO, LEO will reach out to the program director for more information and to advise on next steps, including approaching other parties as appropriate (e.g. hospital leadership, etc.).

* What is documented?

The academic leader will document the concern, including:

- A narrative of the situation and observed behaviour;
- Documentation of the complainant's preference for a disclosure or a report, as defined above;
- Documentation of the willingness or unwillingness of the resident to be identified (anonymity);
- Intent and expectations of the reporting individual
 - i. For example, does the reporting individual wish there to be an informal or formal process (*see PGME document listed in preamble*), or do they wish for a disclosure to be merely filed for future consideration, to aid in establishing a pattern of concerning behaviour;
- Documentation that the reporting individual understands the scope of the investigation required, should a formal process be desired (i.e. who will be involved, what is likely to occur during the investigation)
- Documentation of communication with other parties as appropriate (e.g. hospital leadership, etc.)



c) Next steps for reports or repeated disclosures:

If the inappropriate behaviour is confirmed by an investigation, an appropriate educational leader will meet with the individual whose behaviour has been found to be inappropriate, either one-on-one or along with more senior faculty members. This meeting will include an assessment of the individual's well-being. In egregious cases, the Department Chair will always become involved, depending on the seriousness of the concern or complaint.

3. Consequences of disruptive behaviour

Once well-being concerns have been addressed and/or ruled out, the academic leadership will discuss strategies to remediate the behaviour in future. In order to provide guidance to academic leaders, as well as transparency to all faculty and learners, the following step-wise progression of consequences will be used:

- **LEVEL 1 - Awareness Building**

For a single, non-egregious event, a direct focused conversation will be held, with an effort to increase insight and promote self-reflective behaviour changes. This conversation will be documented.

- **LEVEL 2 - Guided Intervention**

For second, repetitive event, or any single more egregious circumstance, the individual will be required to enrol in one or more specific courses. These may vary in length and cost, will be implemented at the discretion of the academic leader, and paid for by the individual faculty member. This decision will be recorded in the report form (see Appendix A & B). The academic leader will normally be the Hospital Chief or University Department Chair in this circumstance, and will ensure the agreed-upon course(s) are completed including any required coursework, such as a reflective essay or other evidence of learning. A period of post-intervention monitoring will follow for one year.

- **LEVEL 3 - Disciplinary Intervention**

Persistent and serious episodes of disruptive behaviour, including allegations of retribution arising from the report of inappropriate behaviour by a learner, will trigger involvement of senior Faculty of Medicine and/or Hospital leadership outside of this University Department. Immediate consequences will be imposed to protect learners until an acceptable remediation plan is put into place. The University and/or Hospital leadership will ensure that clear evidence of significant behavioural change is documented before the individual concerned is allowed to work again in an unrestricted fashion.

- **LEVEL 4 - Removal from Learning Environment**

In exceptional circumstances, where an individual causes repeated learner distress in the University-Hospital learner environment and fails to restore leader confidence in their behaviour, they will ultimately forfeit their right to work in the academic learner environment. In the context of our specialty, these sanctions may begin with temporary restriction of access to labour and delivery activity and main operating rooms, together with removal from on-call staff duties, until a defined remediation process has been completed to the satisfaction of the Hospital Chief and the Chair.



4. Documentation of Outcomes

The reporting document will be used to document the outcomes of any investigation, the outcomes of conversations held, and shared understandings of consequences for further reports of disruptive behaviour, as outlined in steps 1-4 above.

The reporting documents will be archived at both the University and the Hospital -

Regarding faculty members:

- a) One copy in the faculty member's Hospital file, held both by the Chief and the VP Education
- b) One copy in the faculty member's University file, held in the Department office and accessible by the Vice Chair Education and the Department Chair

Regarding learners:

- c) One copy in the learner's file held by the Program Director
- d) One copy in the learner's file at either PGME or the MD Program, as applicable.

All issues resolved at a local Department level that impact the learner experience will be de-identified and reported each year to the TFOM Learner Experience Office for inclusion in their annual professionalism reports.

5. Summary Documentation

Annually, the Department of Obstetrics and Gynaecology office of the Chair will prepare a summary report that anonymously lists:

- a) The number of reports received;
- b) The number of investigations initiated; *and*
- c) The number of individuals for whom specific measures were imposed, stratified by level of intervention (Level 1-4 as described in section 4). No further information will be disclosed.

The summary report will be compiled at the end of each academic year for review at the September meeting of the Department of Obstetrics and Gynaecology's Executive Committee. The final approved summary report will be shared with the departmental committees that oversee the undergraduate, residency, fellowship and graduate programs, including their learner representatives, and will be formally incorporated into the Department's Annual Report (published each December for the academic year ending June 30th).

Future Departmental Self-Study Reports, produced on a five-year basis, will include a section on Harassment, Intimidation and Discrimination and will present the above data over time.



6. Key definitions

(All key definitions are drawn from the documents listed on first page)

Incidents of discrimination, harassment and mistreatment

- **Discrimination and discriminatory harassment:** As defined by the University of Toronto's *Statement on Prohibited Discrimination and Discriminatory Harassment*
- **Sexual violence and sexual harassment:** As defined by the University of Toronto's *Policy on Sexual Violence and Sexual Harassment*
- **Mistreatment:** Includes incidents that involve intentional or unintentional mistreatment of another person that has compromised or may have compromised the learning or working environment, but which are not covered under the University of Toronto's *Statement on Prohibited Discrimination and Discriminatory Harassment* or University of Toronto's *Policy on Sexual Violence and Sexual Harassment*.

Examples of mistreatment include but are not limited to:

- Public humiliation;
- Physical threats or harm;
- Requiring a learner to perform personal services (e.g. picking up lunch);
- Subjecting someone in the learning environment to offensive remarks or names;
- Retaliation to disclosures, reports or investigations of discrimination, harassment or mistreatment;
- *and*
- Other behaviours that are demeaning, coercive, intimidating or threatening.

Other incidents of unprofessionalism

Other incidents of unprofessionalism are incidents in which the inappropriate conduct of a member of the Faculty of Medicine compromises the learning or working environment. This may include mistreatment of someone other than a student. The Faculty of Medicine's *Standards of Professional Behaviour for Medical Clinical Faculty*, the University of Toronto's *Standards of Professional Practice Behaviour for all Health Professional Students*, the MD Program's *Guidelines for the Assessment of Student Professionalism* as well as other statements, policies, protocols, codes and standards listed above provide direction with respect to behaviour or conduct that is considered unprofessional.

Micro-aggressions are frequent, often unintentional, snubs, slights, put-downs, and gestures that demean or humiliate individuals especially those belonging to certain marginalized groups identified by gender, race/ethnicity, sexual orientation, immigration status and/or socioeconomic class.

It is recognized that while interpretations of unprofessionalism will differ, the experience of the individual disclosing/reporting the incident will play a central role in determining the nature and severity of the incident as well as the appropriate consequences.



APPENDIX A: Resources for Academic Leaders

Recognizing and managing disruptive behaviour in the clinical environment

Royal College of Physicians and Surgeons of Canada (RCPSC), 1-2 hours, e-module

<http://www.royalcollege.ca/rcsite/ppi/disruptive-behaviour-e>

Courses developed by Saegis, a member of the CMPA family

<https://saegis.solutions/en/programs>

Guidebook for managing disruptive physician behaviour

CPSO and OHA, April 2008

http://www.docsbwellness.org/wp-content/uploads/2014/08/Disruptive_Behaviour_GuidebookCPSO.pdf

*The role of physician leaders in addressing physician disruptive behaviour in healthcare institutions:
A Canadian Medical Protection Association discussion paper*

https://www.cmpa-acpm.ca/static-assets/pdf/research-and-policy/public-policy/13_Disruptive_Behaviour_booklet-e.pdf

Managing disruptive behaviour in the healthcare workplace: A resource toolkit

Health Quality Council of Alberta

https://www.hqca.ca/wp-content/uploads/2018/05/Disruptive_Behaviour_Toolkit_042413.pdf