



University of Toronto  
Faculty of Medicine, Postgraduate Medical Education

## **Guidelines for Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education**

**Approved by: HUEC and PGMEAC: October 2012**

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**Date of last review:** The PGME document: *Guidelines Addressing Intimidation and Harassment: The Education and Learning Environment at UT-PGME*, was approved at PGMEAC in May 2006. This document represents a substantial change in the original document as it now includes an informal and formal reporting mechanism, and appeals procedure.

### **1. BACKGROUND AND PURPOSE**

The University of Toronto Faculty of Medicine places the utmost importance on the safety and well-being of its trainees and their right to learn in an environment of professionalism, collegiality, and respect.

The Faculty of Medicine staff, faculty members, and its affiliated hospitals have a joint responsibility to protect the integrity of the clinical and academic learning environment for its residents and fellows. These guidelines prohibit discrimination, harassment and unprofessional behaviour in the learning environment and provide the assurance that the Faculty will respond when that environment is compromised.

The purpose of these Guidelines is to:

- 1) Define harmful incidents which include intimidation, harassment, and unprofessional behaviour ; and
- 2) Outline the process for postgraduate medical trainees to report complaints of harmful incidents involving themselves or other postgraduate trainees and initiate an investigation.

**NB:** Mechanisms for reporting harmful incidents toward undergraduate medical students, staff or employees are covered under separate protocols or policies.

## 2. DEFINITIONS

**2.1 Harmful incident** is defined broadly in Postgraduate Medical Education (PGME) as DQ LQFLGHQW LQ ZKLFK RQH SHUVRQ¶V EHKDYLRUV RU DFW trainees or the PGME community and compromise the learning environment. Harmful incidents include intimidation and harassment, and incidents of unprofessional or disruptive behavior. PGME recognizes as harmful all behaviours and actions that are deemed unacceptable under the related standards listed in Appendix 1.

**2.2 Harassment** is defined in the 2 QWDULR +XPDQ 5LJKWV &RGH DV <sup>3</sup>D FR FRQGXFW ZKLFK WKH DFWRU NQRZV RU RXJKW UHDVRQDEOV Harassment can be human- ULJKWV EDVHG EDVHG, Red, Code, RQH¶V UDF ethnicity, sex, sexual orientation, national origin, age, marital status, family status, or disability. Examples of what can be viewed as harassment are included in Appendix 2. Harassment may occur between faculty members, residents, fellows, and medical students, or between allied health professionals or employees of the University or Hospitals. Harassment can create intimidation or a hostile or offensive environment and FDQ LQWHUIHUH ZLWK D SHUVRQ¶V ZRUMHSHU by not DQFH DQC opportunities.

**2.3 Intimidation** LV WKH XVH RI RQH¶V DXWKRULW\ WR LQDSSURS behaviour, and can reduce the extent to which people are willing to exercise their rights. Abuse of power can involve the exploitation of trust and authority to improper ends. Sometimes abuse of power takes the form of apparently positive conduct, such as flattery that is intended to coerce someone to co-operate, or favouritism.

**2.4 Unprofessional conduct** is demonstrated when a physician does not act respectfully towards other physicians, hospital staff, volunteers, trainees, patients and their families. Such behaviour has the potential to harm the learning environment. It may include making remarks of an intimidating or discriminator \ QDWXUH 7KH &362¶V definition of **disruptive physician behaviour** is contained in its policy on *Physician Behaviour in the Professional Environment* (see Appendix 1 for details).

**2.5 Postgraduate trainees** include residents and clinical and research fellows registered in the PGME Office at the University of Toronto.

**2.6 An Education Leader** in PGME is used in this guideline to refer to individuals who are in official positions to receive reports of harmful incidents from trainees. They include Program Directors, site supervisors, Vice President Education or equivalent at the training site, the Director, Resident Wellness (PGME), the Associate Dean, Equity and Professionalism, and the Vice Dean, PGME.

### 3. PRINCIPLES

This guideline is governed by the following principles:

1) **Multiple reporting options:** Reporting may be written or verbal and trainees may report to a choice of individuals with the authority to assist and/or take direct or indirect corrective action. However, trainees should recognize that not all options are equally effective. This protocol identifies the preferred PGME reporting procedures.

2) **Confidentiality:** Confidentiality will be upheld regardless of how or to whom the report is made unless disclosure is required by law, university regulation, or as necessary to investigate the complaint. Confidentiality is not the same as anonymity. For a complaint to go forward through mediation or an investigation, disclosure of identity and details must be made available to the respondent, mediator and/or investigative committee.

Although there is an option for anonymous reporting of harmful incidents, University policy limits the capacity to investigate and act upon anonymous reports against members of the University. In egregious cases of inappropriate treatment, PGME, the Faculty of Medicine, and the University of Toronto reserve the right to investigate without the participation or consent of the reporting trainee.

Having made the complaint, the complainant shall be encouraged to maintain confidentiality.

3) **Fair and transparent reporting process:** There should be a process to clarify the facts concerning the allegation which must occur in an atmosphere free of retribution. A report of any of the behaviors named is a serious accusation against another individual or a group of individuals and PGME will give serious weight to any such accusation. Making a false, frivolous, vexatious, or malicious report will be considered as a professional lapse and the usual procedures used by PGME for lapses in professionalism will be pursued.

4) **Timeliness:** Timely identification of a harmful incident should be the goal of all PGME programs to protect the rights of the complainant and respondent.

### 4. REPORTING PROCEDURE

We urge any trainee who believes he or she has been subject or witness to a harmful incident to bring a complaint forward. The trainee is advised to consult in confidence with their chief resident, supervisor, Program Director, hospital authority, Director of Resident Wellness, or Professional Association of Internes and Residents of Ontario (PAIRO) representative (if applicable) before reporting a complaint.

Trainees should recognize that not all individuals will be aware of the most effective options to proceed and are encouraged therefore to seek advice regarding procedure from an Education Leader in the case of uncertainty. At all times, trainees have access to the Sexual Harassment Officer, its Anti-Racism and Cultural Diversity Officer, or the Ombudsperson, or PAIRO, without initiating the complaint process.

Trainees have the option to report harmful incidents by:

- 1) completing the PGME Incident Report Form (IRF) available online (see Appendix 3) and deliver electronically, by fax or in person to any designated Education Leader ; or
- 2) making a verbal, email, written or in-person report of the incident to any Education Leader.

The IRF is used to track incidents of harm and generate reports for exclusive review by designated Education Leaders. No one else has access to these reports and sharing of information in the reports (outside of the system) is governed by the principle of confidentiality. Trainees should be aware that if they choose a reporting option other than the IRF, they may be asked to complete an IRF to facilitate tracking of harmful incidents. Designated Education Leaders may

## 5. PROCEDURE FOR EDUCATION LEADERS FOLLOWING SUBMISSION OF A REPORT BY A TRAINEE

The Education Leader who receives the report will follow up by contacting the complainant in order to:

- i. clarify the details of the incident as reported;
- ii. provide the complainant with information about the process to address their complaint, including informal and formal resolution options and jurisdictional relationships involved in the process;
- iii. clarify the need for other individuals to be made aware of the incident in order to address the situation;
- iv. Inform the complainant of the process to be taken (informal vs. formal); and
- v. Forward reports to the Director, Resident Wellness, PGME.

NOTE: Reports submitted in writing (including e-mail) should be clearly dated and the person to whom the report is submitted is away for a period exceeding seven days, the person responsible for assuming his/her duties may review the report.

A reporting trainee has the right at any time to withdraw from further participation in any investigation or other action based on the report. The investigation or action may continue without the participation of the trainee, depending on established policy, the recommendations of experts, the existence of related reports, and other contributing factors. If a trainee declines further participation, he or she will forgo the right to be informed of subsequent developments in the case.

## **6. RELATIONSHIP BETWEEN UNIVERSITY AND HOSPITAL**

These guidelines do not supersede existing policies of the University; the Faculty of Medicine; or affiliated teaching hospitals, whose authority may take precedence depending on the location of the incident and parties involved.

In particular, sexual harassment/sexual abuse incidents will be reported to the 8 Q L Y H U V L W \ | V 6 H [ X D O + D U D V V P H Q W 2 I o u t l i n e d i n t h e F R U G L Q J W R Sexual Harassment Protocol approved by Faculty Council, 2004.  
<http://www.facmed.utoronto.ca/Research/ethicspolicy/harass.htm>

Relevant references to the Criminal Code of Canada, the Ontario Human Rights Code, and the standards and policies of hospitals, accreditation, and licensing bodies which may apply are listed in Appendix 1.

Most situations will require a collaborative response from the University and the hospital. In general, the University will take the lead when complaints involve faculty members and trainees only. Whenever complaints involve hospital employees or patients, the hospital will take the lead.

## **7. PROCEDURES FOR RESOLUTION**

### **7.1 Informal Resolution Process**

A complainant may choose to follow an informal process of resolution. Whenever possible, the trainee is encouraged to discuss the situation directly with the person whose behaviour seemed unprofessional. This approach recognizes the role of collegial conversation in the PGME community, and emphasizes the principle of addressing problems locally wherever possible.

Trainees are encouraged to confidentially approach their Program Director, Site Supervisor, or Office of Resident Wellness. These support representatives will discuss the matter with the trainee, consult with other University and hospital resources if required, and will promote an informal resolution of the issue to the satisfaction of all parties.

Informal resolution may involve mediation in confidence between the complainant and the respondent. A mediator who is acceptable to both parties may be appointed to work

towards a mediated settlement. Once achieved, the settlement will be communicated to both parties.

If for any reason the complainant does not feel comfortable engaging in such a discussion, if he or she feels the situation warrants a formal investigation, or if the result of such a discussion is not satisfactory, the Formal Resolution Process described below can be followed.

## **7.2 Formal Resolution Process (Investigation)**

### 7.2.1 Jurisdiction

Where an incident has been reported (verbally or through a PGME Incident Report Form) that either the complainant or person hearing the initial complaint feels warrants formal investigation, the Vice Dean PGME and the VP Education or equivalent of the hospital will determine which institution will take the lead and discuss membership of the investigative committee. **Where the hospital takes the lead**, the hospital VP Education or equivalent will inform the appropriate hospital staff (CEO, VP Human Resources) and advise the University (the Vice Dean PGME, the Program Director) of the steps to be taken. The University will safeguard the interests of the trainee.

**Where the University takes the lead**, the University Program Director/Vice Dean, PGME will inform the Associate Dean, Equity and Professionalism, the Office of Resident Wellness, the Division Head or Department Chair, and inform the hospital VP Education or equivalent of developments.

### 7.2.2 Establishing the Investigative Committee

- a) A committee will be established within 30 days of the receipt of a formal complaint or without settlement of an informal process. Where appropriate, this will be a joint committee with representatives from both the hospital and the University. The Vice Dean PGME will determine University membership of the committee, which may include the Associate Dean, Equity and Professionalism.
- b) The investigation will include meeting with the complainant, the respondent, and with people who have evidence about the allegations (witnesses). The committee may also consider other evidence such as documents and communications.
- c) In meeting confidentially with the **complainant**, the committee will:
  - i. summarize the procedure that will be followed for investigating the complaint;
  - ii. provide information about relevant policies and procedures to be followed for investigating the complaint; and
  - iii. reassure the complainant that he/she will be given full opportunity to state his/her case and present relevant evidence with the right to a representative.

- d) In meeting with the **respondent**, the committee will:
  - iv. inform him/her that there has been a complaint and provide details;
  - v. provide information about relevant policies and procedures to be followed for investigating the complaint;
  - vi. advise him/her that any retaliation against or intimidation of the complainant or of anyone connected with the complaint will be treated as an offence; and
  - vii. reassure the complainant that he/she will be given full opportunity to state his/her case and present relevant evidence with the right to a representative.
- e) The committee will determine whether or not the allegations can be substantiated.

7.2.3 Decision/Outcome of the Investigation

- a) The committee will write a report confirming its decision and proposing corrective action(s). The committee will send a letter to the respondent and the complainant with a copy of the report. The hospital Vice President, Education or equivalent and University Vice Dean, PGME will also receive a copy.
- b) The complainant and the respondent will have 10 days after receipt to accept or appeal the outcome of the investigation.

Any trainee, faculty or program director or other person who is found, after appropriate investigation, to have harassed any person will be subject to appropriate disciplinary action, up to and including termination.

**8. APPEALS**

The complainant or the respondent may submit a written appeal to the Vice Dean PGME or the hospital VP Education requesting re-consideration. If the complainant is not satisfied with this response, s/he may pursue the matter with the person to whom that administrative officer reports. Members of the University community retain the right to bring a complaint directly to the Ontario Human Rights Commission in accordance with the provisions of the Ontario *Human Rights Code*.

The complainant may wish to seek advice from resources available through the University including the Sexual Harassment Office, the Race Relations Office and the Associate Dean, Equity and Professionalism in the Faculty of Medicine, or through the

## **9. MONITORING**

All PGME Leaders are expected to monitor the number and content of the reports they receive and look for emerging trends which should be brought to the confidential attention of the Vice Dean PGME and the Associate Dean Equity and Professionalism.

In particular, the Director, Resident Wellness, will review the PGME Incident Reports and provide an annual report to the Associate Dean Equity and Professionalism and the Vice Dean PGME.

## **10. INSTITUTIONAL RESPONSIBILITY**

The Vice Dean PGME and the Associate Dean Equity and Professionalism are jointly responsible for actively addressing concerning rates or trends of harmful incidents through the PGME portfolio and in collaboration with the VP or Directors of Medical Education and partners such as the University Departments, the decanal team, and others.



## **Appendix 1: Related Standards**

### **Government:**

- x The Ontario Human Rights Code
- x The Canadian Charter of Rights and Freedoms

### **University of Toronto:**

- x Statement on Prohibited Discrimination and Discriminatory Harassment
- x Policy with respect to Workplace Harassment
- x Human Resources Guideline on Civil Conduct
- x Sexual Harassment: Policy and Procedures
- x Code of Student Conduct:  
<http://www.governingcouncil.utoronto.ca/policies/studentc.htm>
- x Standards of Professional Practice Behaviour for all Health Professional Students

### **Faculty of Medicine, University of Toronto:**

- x Guidelines for Ethics & Professionalism in Healthcare Professional Clinical Training and Teaching
- x Standards of Professional Behaviour for Medical Clinical Faculty
- x Principles re Supervision of Postgraduate Medical Trainees
- x Procedural Memorandum: Resolution of Resident Disagreement with Attending Physicians or Supervisors

### **College of Physicians and Surgeons of Ontario:**

- x Professional Responsibilities in Postgraduate Medical Education
- x CPSO – Physician Behaviour in the Professional Environment:  
<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1602>
- x CPSO Guidebook for Handling Disruptive Physician Behaviour, April 2008:  
[http://www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/policies/positions/CPSO%20DPBI%20Guidebook\(1\).pdf](http://www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/policies/positions/CPSO%20DPBI%20Guidebook(1).pdf)

### **PAIRO-CAHO:**

- x No Discrimination/Harassment/Intimidation

### **RCPSC/CFPC:**

- x Accreditation and the Issues of Intimidation and Harassment in Postgraduate Medical Education Guidelines for Surveyors and Programs

### **Hospitals and research institutes affiliated with the University of Toronto**

- x Consult the policies on conduct of the appropriate affiliated hospital or research institute.

## Appendix 2: Definitions of Harassment

Examples of harassing and intimidating conduct include the following kinds of behaviour:

- x Racial epithets or slurs
- x Disrespectful jokes or banter about sex
- x & R P P H Q W V D E R X W V R P H R Q H ¶ V S K \ V L F D O D S S H D U D Q F H
- x Negative stereotypes about a particular ethnic group
- x Homophobic remarks
- x ' L V S D U D J H P H Q W R I V R P H R Q H ¶ V U H O L J L R X V G H Y R W L R Q V
- x The circulation of insulting or demeaning written material and pictures
- x Unwelcome physical contact
- x 6 K R X W L Q J R U U D L V L Q J R Q H ¶ V Y R L F H
- x Constant interruption and refusing to listen
- x Ridicule
- x Singling someone out for grilling or interrogation
- x Unjust assignment of duties; overloading someone with work
- x Physical intimidation/harassment, e.g. pushing, punching, slapping, threatening gestures, or throwing objects at an individual
- x Education/service imbalance e.g. contractual infractions, inadequate supervision, excessive service load or service assignment without educational merit
- x Reprisal or threat of reprisal for negative feedback of staff, program or service, including the lodging of a complaint or grievance

Harassment does **not** include:

- x Normal supervisory responsibilities including appropriate assessment and  
F U L W L F L V P R I W K H U H V L G H Q W ¶ V D F D G H P L F H I I R U W V H
- x Expectations of reasonable quality of academic performance
- x Personality or interpersonal conflicts
- x Discussion and debate of controversial topics in an academic environment

### **Appendix 3:**

## **Report Form for Incident of Intimidation, Harassment or Unprofessional or Disruptive Behaviour For Postgraduate Medical Education Trainees**

### **ANONYMITY and CONFIDENTIALITY:**

While recognizing that there may be circumstances in which you wish to remain anonymous, the PGME Office encourages you to share your identity in this report for the following reasons:

- x According to University policy, we are severely limited in our capacity to investigate and act upon anonymous reports against members of the University community.
- x Your anonymity will prevent us from providing assistance to you or others affected by this incident
- x Anonymous reports may be used to generate statistical data, but are unlikely to result in direct action

Unless disclosure is required by law, your report will remain strictly confidential whether you submit it anonymously or not.

Given the explanation above, please indicate whether you wish to share your identity with the [PGME Office]  Yes  No

If you have chosen to share your identity, please provide the preferred email address or phone number for [the PGME Office] to contact you:

Enter the email of the Education Leader to whom you would like this report sent. If you do not know the email, please print and fax, or deliver, this report to the intended recipient.

### **Description of the Incident**

Date of the incident (if multiple, please indicate the most recent date and provide further details below):

Location of the incident (e.g. UofT building, hospital, clinical, community, or other setting):

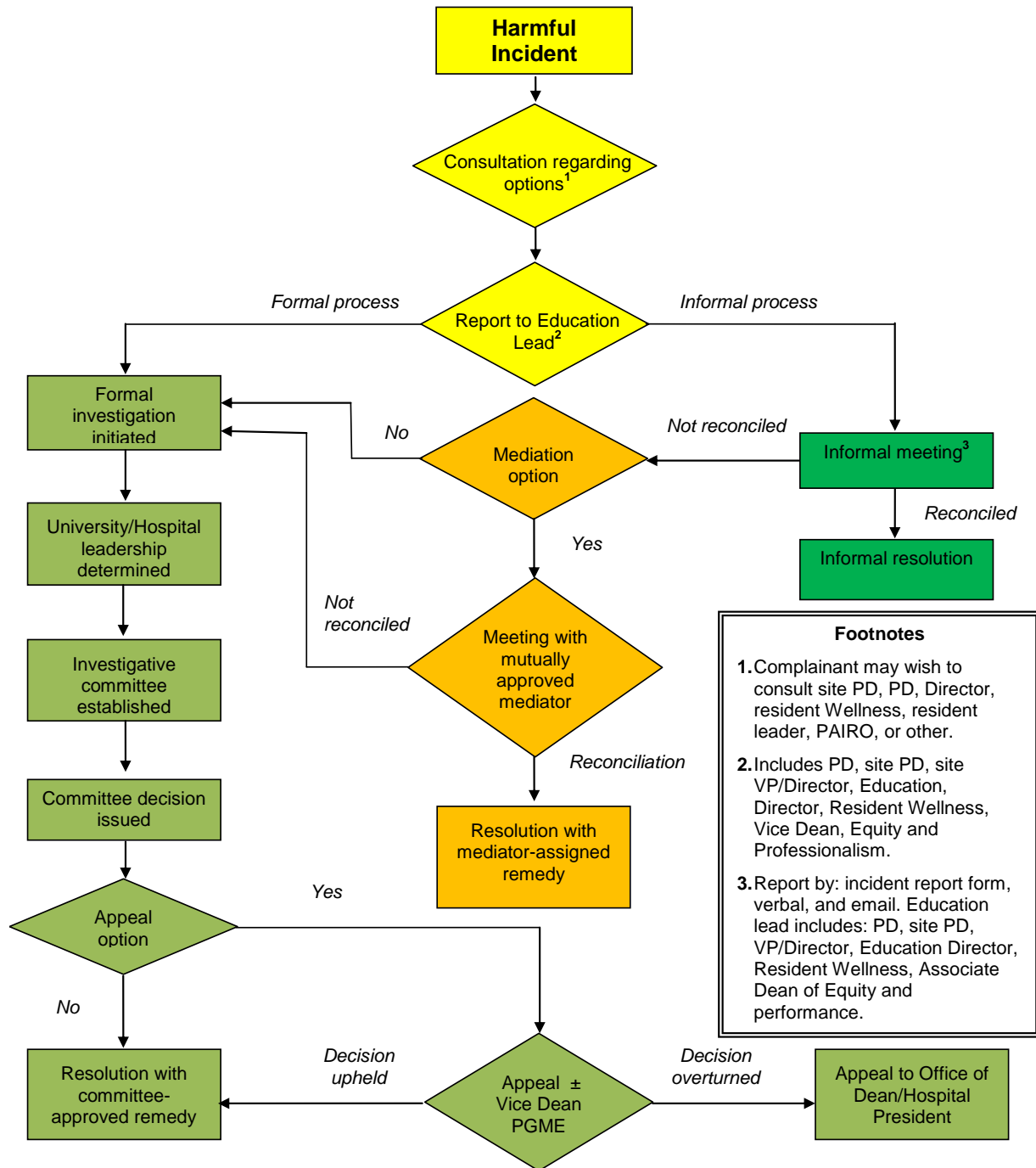
Please describe the incident in the box below (maximum: 4,500 words). Include as many details as you recall, such as:

- x Names of the individuals involved (except patients)
- x Precise location
- x Nature of the incident
- x Whether you experienced the incident or witnessed someone else experiencing it
- x Training rotation during which the incident occurred (if applicable)

**NB: Complaint will only proceed with complainant's permission.  
It is the complainants' choice whether to proceed with the learner's name affixed.**

**Appendix 4:**

**Process to Address Complaints/Concerns of Intimidation, Harassment, and Unprofessional or Disruptive Behaviour for PGME Trainees**  
*(See guidelines for definitions and details)*



**Footnotes**

1. Complainant may wish to consult site PD, PD, Director, resident Wellness, resident leader, PAIRO, or other.
2. Includes PD, site PD, site VP/Director, Education, Director, Resident Wellness, Vice Dean, Equity and Professionalism.
3. Report by: incident report form, verbal, and email. Education lead includes: PD, site PD, VP/Director, Education Director, Resident Wellness, Associate Dean of Equity and performance.

**NB:** The trainee may withdraw the complaint and terminate the process at any time.  
**The incident report can be found at:**  
[www.pgme.utoronto.ca/content/policies-guidelines](http://www.pgme.utoronto.ca/content/policies-guidelines)