

**LEARNER EXPERIENCE OFFICE**

**Event Disclosure Form**

What this form is for:

This Disclosure Form is a confidential online tool that Residents and Clinical Fellows registered in a postgraduate medical education (PGME) program at U of T can use to provide information regarding any behaviour experienced or witnessed that the learner perceives or suspects to be mistreatment. You have the option to submit this form anonymously (i.e. without the requirement that you provide your identity), with the understanding that doing so may make it more difficult for us to follow up with you to make sure you get support, to ensure that we have all the necessary details, and to report back to you regarding the status of your disclosure or its outcomes. It may also limit our ability to take action on the matter in certain cases. Note that you can submit an identified disclosure and tell us not to escalate the matter until we speak with you first and help you to understand all your options, including how we can protect your confidentiality.

This form is NOT FOR EMERGENCIES. If you are concerned about impending harm to yourself or others you should call 911 or seek immediate assistance from onsite security or other authorities. You should submit a form only after safety is ensured.

**What will happen when this form is submitted:** At your request, the designated PGME Leader (or delegate, in their absence) will strive to contact you within 3 business days to initiate a discussion about possible next steps and supports.

Event Date, Location and Description

|  |  |
| --- | --- |
| **Learner Experience \****Indicate by typing an X inside [ ], eg. [ X ]* | **Did you**[ ] Witness the mistreatment[ ] Experience the mistreatment |
| **Date(s) of Experience \*** | **Date(s) that behaviour was experienced/witnessed**(can be a single date, multiple dates or date range)[Enter text here] |

**Location of Event**

Indicate the location(s) where the behaviour was experienced/witnessed. You may choose one or more locations, as appropriate to the situation.

**Hospital Site:**

*Indicate by typing an X inside [ ], eg. [ X ]*

|  |  |
| --- | --- |
| [ ] Anishnawbe Health Toronto[ ] Baycrest[ ] Bridgepoint Health (Sinai Health System)[ ] Centre for Addiction and Mental Health[ ] Cortellucci Vaughan Hospital (MacKenzie Health)[ ] Credit Valley Hospital (Trillium Health Partners)[ ] Doctor's Office[ ] George Hull Centre[ ] Hincks-Dellcrest Centre[ ] Holland Bloorview Kids Rehabilitation Hospital[ ] Hospital for Sick Children[ ] Humber River Regional Hospital[ ] Kensington Eye Institute[ ] Lakeridge Health Network[ ] MacKenzie Richmond Hill Hospital[ ] Markham Stouffville Hospital[ ] Michael Garron Hospital (Toronto East Health Network)[ ] Mississauga Hospital (Trillium Health Partners)[ ] Mount Sinai Hospital (Sinai Health System)[ ] North York General Hospital[ ] Ontario Centre of Forensic Sciences | [ ] Ontario Shores Centre for Mental Health Sciences[ ] Princess Margaret Cancer Centre (University Health Network)[ ] Providence Healthcare (Unity Health Toronto)[ ] Queensway Hospital (Trillium Health Partners)[ ] Royal Victoria Regional Health Centre[ ] Scarborough Health Network[ ] Southlake Regional Health Centre[ ] St. Joseph's Health Centre (Unity Health Toronto)[ ] St. Michael's Hospital (Unity Health Toronto)[ ] Sunnybrook Health Sciences Centre[ ] Surrey Place Centre[ ] Toronto General Hospital (University Health Network)[ ] Toronto Public Health[ ] Toronto Rehabilitation Institute (University Health Network)[ ] Toronto Western Hospital (University Health Network)[ ] Waypoint Centre for Mental Health Care[ ] West Park Healthcare Centre[ ] William Osler Health System[ ] Women's College Hospital |

**Other Location:**

If Hospital Site is not listed above, then type the name below (maximum 50 characters)

[Enter text here]

**Type of behaviour**

Please check all the types that you think apply. This is not mandatory to complete, but it can help us to track patterns of unprofessionalism and act accordingly. Information about mistreatment categories is included on the [learner mistreatment webpage](https://pgme.utoronto.ca/current-trainees/while-youre-training/access-wellness-resources/urgent-advice-for-pgme-trainees/personal-health-safety/learner-mistreatment/) and in the [Guideline for Managing Disclosures about Learner Mistreatment](https://pgme.utoronto.ca/wp-content/uploads/2021/02/PGME_MistreatmentGuideline_Feb1121_FINAL.pdf).

|  |  |
| --- | --- |
| **Mistreatment Type \****Indicate by typing an X inside [ ], eg. [ X ]* | [ ] Unprofessional behaviour[ ] Discrimination/discriminatory harassment[ ] Sexual violence/sexual harassment[ ] Unsure[ ] Other (max 100 characters)[Enter text here] |

**Description of the behaviour experienced/witnessed**

Here are some questions that you can consider including in your disclosure or report (there is no pressure to answer any or all of them, this is just a guide):

* Who was responsible for the unprofessional behavior?
* Who else was there as a witness? (please do not include patient names or identifiers)
* What happened, to the best of your memory?
* Where did this occur (including details of the course, event, or rotation)?
* When did this occur? Single event or recurring events?
* How would you describe what you experienced? What was the impact on you?
* Did you perceive the mistreatment to be attributed to your identification with a specific minority group?
* Are there any other factors that you think would be helpful to record?

|  |  |
| --- | --- |
| **Preference \****Indicate by typing an X inside [ ], eg. [ X ]* | **I prefer to speak in person with a designated program leader, rather than providing a written account.**[ ] Yes[ ] No |
| **Description \*** | **Maximum 1000 characters.** |
| [Enter text here] |

Who Should Receive the Form

PGME has leaders who are officially designated to receive and, if requested by you, discuss your submissions. If you would like to speak with a specific designated PGME leader, please select from the list provided below. If you are unsure who to select or do not have a preference, please select the Director of Learner Experience.  **Please note that a copy of all reports is sent to the Director of Learner Experience, regardless of the leader selected, to ensure adequate supports, resources, and followup.**

**Select the designated PGME leader who you would like to receive the form. \***

*Indicate by typing an X inside [ ], eg. [ X ]*

[ ] Dr. Reena Pattani, Director of Learner Experience

[ ] Dr. Glen Bandiera, Associate Dean, PGME

***If you have not heard back from the program lead you selected or the Director of Learner Experience within 3 business days, they may be away. Please contact*** ***ohpsa.admin@utoronto.ca*** ***and they will direct you towards support and resources***

If you selected one of the designated leaders to discuss the behaviour experienced/witnessed, only those who need to be involved to review the matter, to respond, or are requested to provide personal support would be informed about your submission, and only with your consent. If you tell us that you want us to take action on your report but you do not wish to be named to the individual who is the source of mistreatment, we will try our best to facilitate this. There are circumstances where PGME, the Temerty Faculty of Medicine or the University may need to breach confidentiality and take action urgently on a disclosure or report. This includes if there is an imminent risk to yourself or others, violence against someone aged less than 16 years, or sexual violence by a regulated healthcare professional. We would discuss this with you in detail, including ways that we will work to support you. More information about confidentiality is included on the [learner mistreatment webpage](https://pgme.utoronto.ca/current-trainees/while-youre-training/access-wellness-resources/urgent-advice-for-pgme-trainees/personal-health-safety/learner-mistreatment/) and in the [Guideline for Managing Disclosures about Learner Mistreatment](https://pgme.utoronto.ca/wp-content/uploads/2021/02/PGME_MistreatmentGuideline_Feb1121_FINAL.pdf).

Submit the Form

|  |  |
| --- | --- |
| **Anonymity and Confidentiality \****Indicate by typing an X inside [ ], eg. [ X ]* | **Given the explanation above, do you wish to submit your account anonymously or share your identity?**[ ] Anonymously[ ] Identified |
| **If “Identified” is selected, the following fields will be displayed:** |
| **First Name \*** | [Enter text here] |
| **Last Name \*** | [Enter text here] |
| **Preferred Email** | [Enter text here] |
| **Preferred Phone Number** | [Enter text here] |
| **Please indicate the preferred way to reach you.\****Indicate by typing an X inside [ ], eg. [ X ]* | [ ] Email[ ] Phone |

**Note:** For your own records, a time-stamped copy of your disclosure will be available for printing or downloading after you hit “Submit”, so please complete this on a secure device. Please review your submission to ensure that it reflects your story before selecting Submit.

|  |  |
| --- | --- |
| **Security Question\*** | Please enter the answer to this equation: **22+22**= |
|  | [Enter answer here] |
| **Submission Date** | **Date and time will be captured on form submission** |