

**Resident
Doctors
of Canada**



**Médecins
résidents
du Canada**

Optimizing a Positive Work Environment

by Addressing Intimidation and Harassment

Dr. Jonathan Dean

April 17, 2016

Learning Objectives

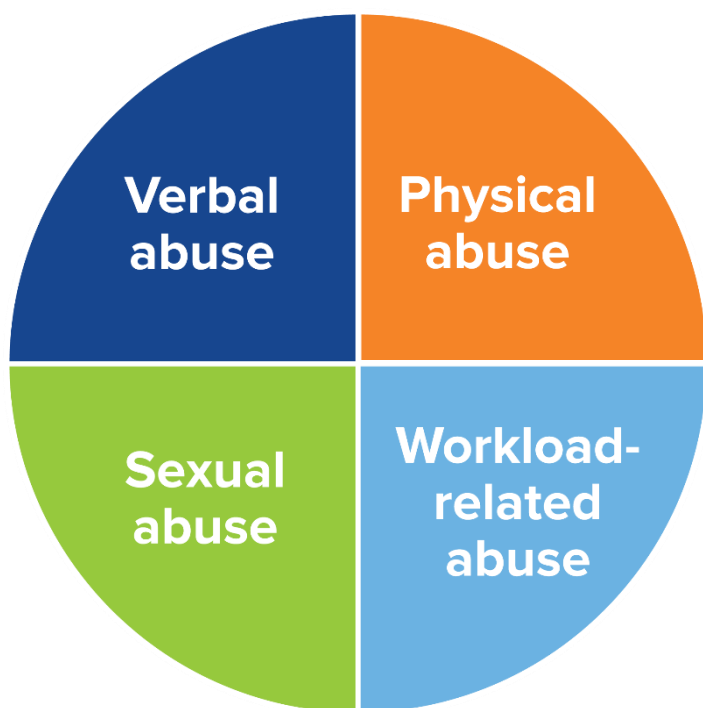
1. Be able to **recognize and identify** instances of intimidation and harassment, as well as other inappropriate behaviour.
2. Understand how to establish and maintain a **culture that values and promotes wellbeing** throughout the continuum of medical training, and that adopts a zero-tolerance approach to intimidation and harassment.
3. Understand the **importance of reporting** intimidation and harassment, and that doing so will not result in reprisal or retaliation.
4. Understand the importance of being familiar with the **policies and procedures** pertaining to intimidation and harassment within the academic and clinical environments in which one works.

Where Have We Been?

- ▶ 1996: release of RDoC's original Intimidation & Harassment position paper
- ▶ Medical organizations continue to take steps to promote a positive learning and working environment:
 - ▶ CFMS Wellness Survey
 - ▶ FMEQ Wellness Charter & Recommendations
 - ▶ FMRQ Intimidation/Bullying Awareness Campaign
- ▶ Studies and surveys conducted over the past decade confirm that intimidation and harassment remains a serious and prevalent issue within Canada's medical community

Defining Inappropriate Behaviours

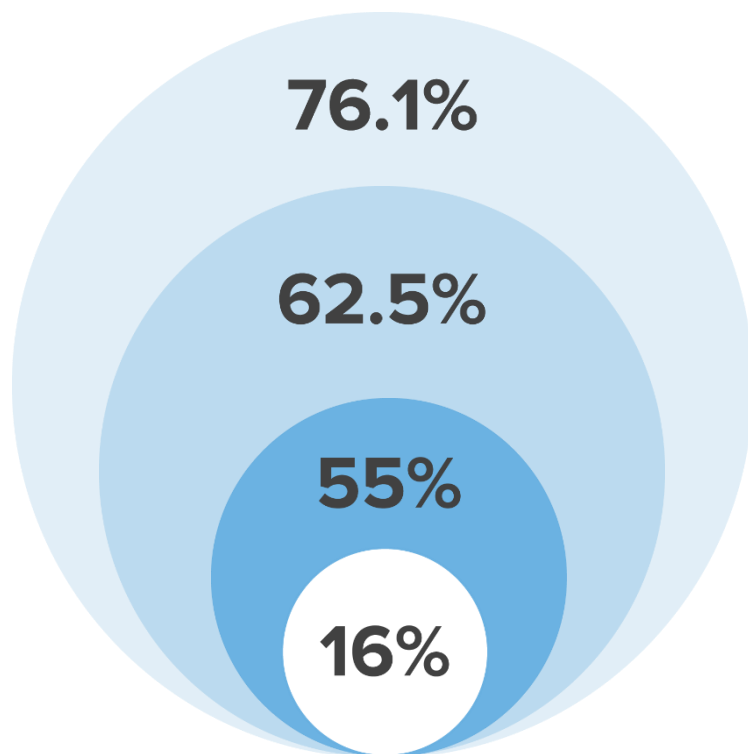
Residents may face inappropriate behaviours such as:



- ▶ **Verbal abuse:** shouting, belittling, ignoring, ridiculing, discriminatory remarks
- ▶ **Physical abuse:** throwing objects at, pushing, exposure to hazardous situations
- ▶ **Workload-related abuse:** contractual infraction, excessive service volume, lack of supervision, not making allowances for illness, disability and leave
- ▶ **Sexual abuse:** unwelcome comments, gestures, touching or actions of a sexual nature

Defining Inappropriate Behaviours

Inappropriate verbal comments are most common



- ▶ 76.1% of respondents identified conflict or disrespect between specialties
- ▶ 62.5% noted staff gossip and pressure to work long hours
- ▶ 55% mentioned yelling, shaming, or condescension
- ▶ 16% had heard racist, sexist or homophobic remarks

Sources: CAIR, 2013; Musselman LJ et al. 2005.

What Do Our Residents Say?

- ▶ **45-93%** of residents or junior doctors have experienced some form of negative encounter during residency at least once
- ▶ Sexual harassment was documented by **25-60%** of residents

Source: CAIR, 2012.

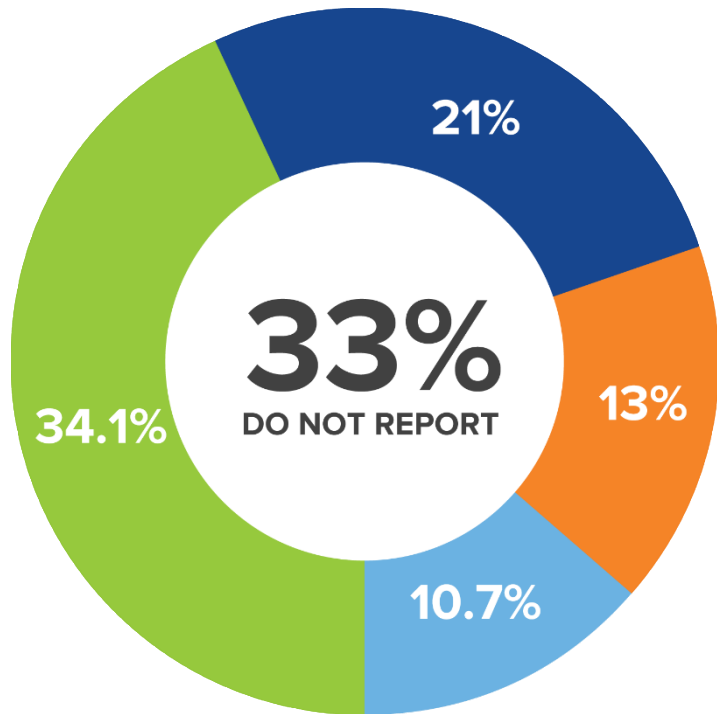
Why Is Addressing This Necessary?

- ▶ Anger
- ▶ Isolation
- ▶ Self-blame
- ▶ Loss of self-confidence

- ▶ Deteriorating physical and mental health
- ▶ Addictive behaviours
- ▶ Performance decline
- ▶ Financial issues
- ▶ Isolation
- ▶ Relationship concerns
- ▶ Decreased productivity and efficiency
- ▶ Absenteeism
- ▶ Increased error
- ▶ Potential arbitration and complaints

Sources: RCPSC, CFPC, CMQ, 2015; FMRQ, 2013; PARO, 2008.

33% of Residents Do Not Report



- ▶ 34.1% believed reporting would not have remedied the situation
- ▶ 21% feared reprisal
- ▶ 13% identified confidentiality concerns
- ▶ 10.7% were unaware of reporting procedures

These perspectives contribute to making negative workplace encounters a cyclical and habitual practice

Source: CAIR, 2013.

Examples of Helpful Initiatives

- ▶ **Preventative educational initiatives:** incorporating abuse and harassment topics in formal and informal curriculums
- ▶ **Behavioural initiatives:** labeling and addressing discriminatory and abusive events, issuing corporate policies
- ▶ **Structural solutions:** appointing a residency ombudsperson or office to deal with these issues

Who Is Responsible?

- ▶ Residency programs should continue to create and maintain a positive work environment for:
 - ▶ Residents
 - ▶ Staff
 - ▶ Physicians
 - ▶ Medical students
 - ▶ And all members of the healthcare team

Recommendations to Faculties of Medicine

- ▶ On April 16, 2016, RDoC presented the following recommendations for the consideration and decision of the postgraduate deans:

1

Work with the national certification colleges, hospitals and residents to **update the 2004 intimidation and harassment guideline**:
Accreditation and the Issue of Intimidation and Harassment in Postgraduate Medicine Education.

Recommendations to Faculties of Medicine

2

Review and update as necessary their own workplace improvement policies and procedures on an annual basis, and ensure that this information is readily and universally accessible.

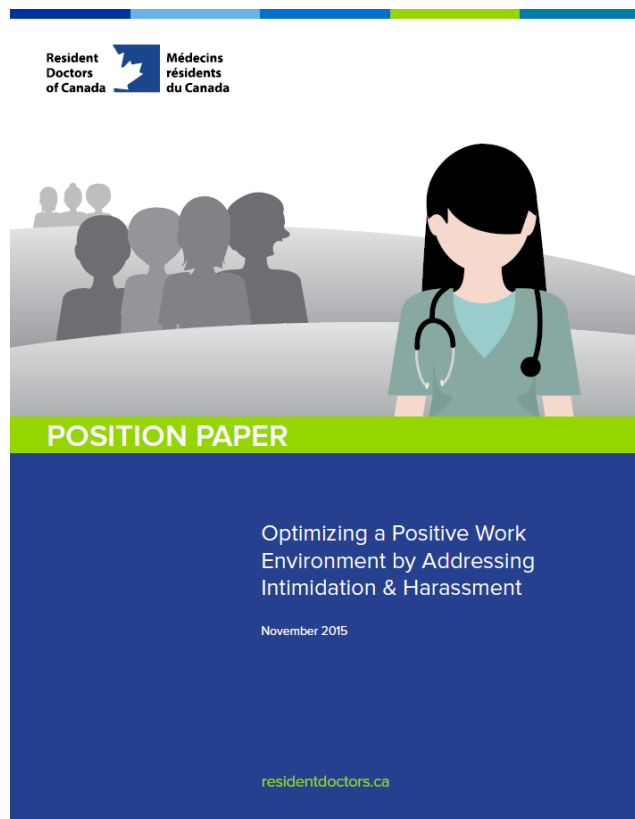
Recommendations to Faculties of Medicine

3

These policies must incorporate the following key components:

- a. Promotion of a culture that values and promotes wellbeing throughout the continuum of medical training, and adopts a **zero-tolerance approach** to intimidation and harassment.
- b. Development of a **free, open forum** for resident doctors to be able to safely report inappropriate behaviours when they occur.
- c. A **timeframe** to examine events as they arise in order to prevent recurrence.

RDoC's Role



- ▶ Updated position paper
- ▶ Ongoing advocacy

- ▶ Next steps:
 - ▶ Online resources
 - ▶ National campaign

Questions?

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info@residentdoctors.ca | residentdoctors.ca