WHY NEW INTIMIDATION & HARASSMENT POLICIES ARE REQUIRED

Studies and surveys conducted in the past decade confirm that intimidation and harassment remains a serious and prevalent issue within Canada’s medical community. In a 2012 survey and literature review performed by RDoC:

- 73% of respondents reported experiencing inappropriate behaviour from others during residency
- 34% of respondents said they had no “good-workplace-environment” resources and/or were unaware of any such resources
- Sexual harassment was documented by 25-60% of residents

THE EFFECTS OF INTIMIDATION & HARASSMENT

Intimidation & Harassment encounters have a negative impact on resident life, training, and performance. Affected residents face anger, isolation, self-blame, and loss of self-confidence. Affected residents also risk deteriorating physical and mental health, addictive behaviours, performance decline, financial issues, isolation, and relationship concerns. These, in turn, can lead to decreased productivity and efficiency, increased absenteeism, errors, potential arbitration and complaints.

RESIDENT DOCTORS OF CANADA RECOMMENDATIONS

Faculties of Medicine in Canada should:

1. Continue to collaborate with the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, hospitals, and other stakeholders to promote a positive workplace environment. Residents from different specialties should be included in these discussions.
2. Establish and maintain a culture that values and promotes wellbeing throughout the continuum of medical training. They should adopt a zero-tolerance approach to intimidation and harassment and highlight this during new resident orientation, at departmental meetings, and during academic days to ensure residents and faculty understand that this is policy.
3. Create a free and open forum in which resident doctors can safely report inappropriate behaviours when they occur. PGME and/or medical affairs should be viewed as a minimum source of access to all residents. Program-specific forums are also of benefit, if they can be created.
4. Provide information and resources to residents early-on so that they know what to do and/or whom to approach should these encounters occur.
5. Examine and address events as they arise, in a timely fashion, in order to prevent recurrence.

In addition, all programs, universities, and hospitals should update Intimidation and Harassment and other workplace improvement policies and procedures regularly, and ensure that this information is readily and universally accessible.