

Addressing Intimidation and Harassment

April 2016

- Studies and surveys conducted over the past decade confirm that intimidation and harassment remains a serious and prevalent issue within Canada's medical community.
- Resident Doctors of Canada believes that residency programs should continue to create and maintain a positive work environment for their residents, staff physicians, medical students, and all members of the healthcare team.
- Resident Doctors of Canada's updated position paper, *Optimizing a Positive Work Environment by Addressing Intimidation and Harassment*, outlines five recommendations to enhance the postgraduate medical environment.

BACKGROUND

A positive learning and work environment is an essential component of any residency training program. Various groups within the postgraduate medical education (PGME) environment have introduced measures to address intimidation and harassment. Resident Doctors of Canada applauds these efforts and will continue to work with faculties of medicine to ensure a positive work environment during training. We believe this can be achieved by educating all stakeholders on inappropriate behaviour and how it should be addressed.

CONSIDERATIONS

IS THERE A PROBLEM?

According to a literature search performed by RDoC in 2012-2013:

- 45-93% of residents or junior doctors experienced some form of negative encounter during residency at least once.
- Verbal abuse was the most common form of negative encounter. Sexual harassment and gender discrimination were also cited.
- Sexual harassment was documented by 25-60% of residents.
- 50-75% of residents were aware of resources available to them; however, only 12-25% of incidents were reported.
- Residents often refrained from addressing their concerns for fear of reprisal, or the belief that reporting will not make a difference.

WHY IS ADDRESSING THIS NECESSARY?

The literature review shows that these encounters have a negative impact on resident life, training, and performance. Affected residents face anger, isolation, self-blame, and loss of self-confidence; they also risk deteriorating physical and mental health, addictive behaviours, performance decline, financial issues, isolation, and relationship concerns. This, in turn, can lead to decreased productivity and efficiency, increased absenteeism, errors, potential arbitration, and complaints.

It is important for programs to educate residents on negative workplace experiences by emphasizing the importance of bringing such issues forward, and by ensuring that they will be addressed with no repercussions to the resident.

FOR DECISION

Based on the principle that residency programs should continue to create and maintain a positive work environment for their residents, staff, physicians, medical students, and all members of the healthcare team, RDoC presents the following recommendations for the consideration and decision of the postgraduate deans:

1. That Faculties of Medicine in Canada, including PGME offices and Program Directors, 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*.
2. That Faculties of Medicine in Canada 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.
3. That these policies 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 recommends that these actions are implemented by April 2017, with updates provided at the next business meeting of the postgraduate deans and RDoC during ICRE, September 2016.