MD Program
UNIVERSITY OF TORONTO

2019 Professionalism Report

Overview

From a societal perspective, medical learners and physicians occupy a place of significant privilege. Admission to an MD program in Canada is a rigorous process and an outstanding achievement in and of itself. Moving through the continuum of learning from pre-clerkship to senior residency, fellowship, and into independent medical practice is likewise rigorous and noteworthy. Concurrent with this academic and career advancement is increasing privilege and accompanying power. We recognize, however, that sociodemographic factors have a substantial impact on privilege and power, as well as professional outcomes. Indigenous, Black, and Filipino people are visibly underrepresented in medicine, as are individuals from lower socio-economic backgrounds, sexual and gender minorities, members of minoritized faith groups, and people with disabilities, findings that we are working actively to address within our institution.

Medical education is a difficult job even in the best of times, and the vast majority of physician faculty members at the University of Toronto explicitly teach and model respectful behaviours that are a credit to the profession. Yet we know that professionalism is not uniform across the continuum of medical education nor across clinical learning environments. Too often, learners are not treated with the respect and dignity that they deserve as colleagues and members of our health care community. Mistreatment in our clinical and learning environments is enabled by several factors. The hidden curriculum, which comprises the values, norms, and beliefs that make up medical culture, is often reproduced due to hierarchies and other power asymmetries as well as a culture of silence. A lack of clarity around definitions, processes for managing mistreatment, and consequences, can also create barriers for learners to come forward and for leaders to meaningfully act on reports or disclosures.

As part of our Academic Strategic Plan 2018–2023, the Faculty of Medicine committed to strengthening our ecosystem of collaboration. One of the initial priorities for action focused on optimizing our learning environments across the Toronto Academic Health Science Network (TAHSN). This priority emerged in part from Faculty of Medicine survey data that shows a significant number of medical trainees at all levels experience mistreatment over the course of their training from fellow learners, from teaching faculty and other health professionals, and from patients and families that they are helping to treat. This is an issue that extends well beyond the University of Toronto, with multiple jurisdictions reporting similar rates of mistreatment, pointing to the systemic nature of this problem. Medical learners surveyed across the country experience, to varying degrees, unprofessional behaviour, such as harmful comments, discrimination, and harassment. These issues are particularly acute for racialized learners. Learner mistreatment has substantial consequences; it can affect mental health, burnout, performance, and career decision-making for our learners. At an institutional level, it can lead to attrition of skilled learners and faculty, and reproduction of the hidden curriculum. For a Top 10 global medical program in Canada's most diverse city, this cannot be accepted. Learning environments that perpetuate unprofessional behaviour must change.

In order to advance the Academic Strategic Plan 2018–2023, the Dean convened a working group dedicated to optimizing the learning environment, which has recommended steps to begin to address this issue by:

- strengthening the authority of institutional leadership in this domain;
- clarifying consistent pathways for disclosing and addressing unprofessional behaviour across the teaching network; and
- promoting greater awareness, education, and accountability.

Over the past year, the MD Program has taken a number of steps to improve the medical education learning environment, including responding to recommendations from the student-led Independent Student Analysis (ISA), which is an integral component of the medical school accreditation process.

This report, which was recommended in the ISA, is a component of the MD Program's ongoing efforts to be more accountable about the range of substantiated mistreatment concerns, including steps taken to address those concerns. A high-level summary of the types of mistreatment concerns disclosed/reported and addressed is provided in the tables on page 6.

As summarized in the MD Program response to the ISA recommendations, concrete actions taken to optimize the learner environment include:

- The appointment of Prof. Reena Pattani as the Faculty of Medicine's inaugural Director, Learner Experience, starting May 1, 2020. In this new role, Prof. Pattani will champion the development, implementation, and evaluation of approaches to help mitigate the impact of negative events on learners and to reinforce positive cultural norms and professional values.

- Revisions to the MD Program student mistreatment protocol, web pages, and online disclosure form in August 2020 to provide a student-centric mistreatment portal that is easier to navigate. The revised protocol, web pages, and disclosure form now:
  o Identify designated MD Program leaders who are available to receive and discuss disclosures/reports from medical students regarding any behaviour experienced or witnessed that a student perceives as mistreatment
  o More directly address the perceived and real threat of retaliation, which has been identified by medical students as a barrier to disclosing or reporting mistreatment

In what follows, we outline further concrete actions that we are taking to fulfill our commitment to positive learning and working environments for us all.

## 1. Awareness: Gathering Data and Communicating Expectations

If you don't know the extent of a problem, you can't begin to change it. Gathering data is an important component of raising awareness around professionalism issues and designing targeted, systems-level interventions to combat it. It allows us to monitor our progress and ensure continued growth and improvement. In 2018, the Faculty launched the Voice of the MD Student Survey, which found that our learners faced a range of negative experiences, particularly our racialized learners.

The 2019 iteration of our Voice of the MD Student survey showed that during the prior academic year, 25% of students had experienced harassment and 40% of student experienced discrimination. The primary sources of mistreatment included faculty (45%), patients and their families (35%), and other medical students (22%). The majority of these negative experiences occurred in clinical environments (71%), although some did occur on campus (17%). These results are similar to the findings of national surveys, in which 42% of medical graduates had felt publicly humiliated over the course of their training for instance. The literature also tells us that our situation is not unique; mistreatment is reported across clinical programs and, across jurisdictions.

Concurrent with a systematic approach to data collection, the Faculty has also implemented a communications strategy to raise awareness about the interconnected issues of professionalism, wellness, and equity, diversity and inclusivity through its MedEmail e-newsletter, distributed to 38,000 learners, faculty, staff, and community members. Five plain-language messages have been shared widely since 2017: Mentors and Allies; Valuing Wellness Across the Faculty; Adaptive, Inclusive, Professional Care; Why We All Belong and, most recently, Achievement, Wellness and Professionalism.

Prof. Patricia Houston, Vice Dean, Medical Education (formerly Vice Dean, MD Program), has also written publicly about the value of the Independent Student Analysis (ISA), which found that a "significant number of students experience mistreatment, that the student mistreatment reporting systems are not sufficiently accessible, and that there is a lack of student comfort with reporting mistreatment. [This is] an indication that the processes we use to implement our policies – as well as how we communicate and reinforce them in practice – can be improved."

And a special message from Dean Trevor Young, Respecting MD Students: It's Not a Choice was shared in fall 2019 with all Department Chairs for use in departmental newsletters for the widest possible distribution to faculty, underscoring expectations going forward. A number of Department Chairs – including the two largest, Departments of Medicine and Surgery – have also taken the initiative to actively raise awareness around professionalism and inclusivity by posting and sharing their own messages.
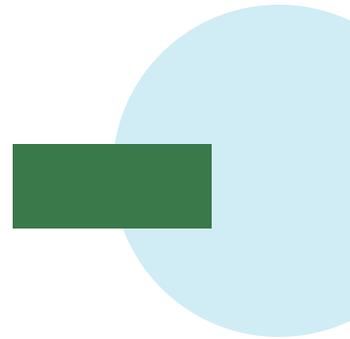
2.   Education: Empowering Learners and Faculty

MD learners are educated about professional values throughout the MD Program through didactic sessions, small group learning, their reflective practice portfolio course, and assessment on expected professional behaviours. New curriculum focused on identifying and addressing potential and actual learner mistreatment, practicing allyship, and combatting racism and anti-religious discrimination have all been developed and have either been piloted in 2019/20 or will be piloted in 2020/21.

With the support of the Faculty's Office of Inclusion and Diversity, MD students initiated a one-day symposium in August 2019 called Invisible Challenges in Medicine, which was designed "to expand the dialogue around mistreatment, discrimination, and allyship as well as to empower medical trainees with strategies to respond to microaggressions and discrimination in a clinical setting." This symposium provided opportunities for reciprocal mentorship with Faculty leaders attending and learning from the panels and keynote speakers.

As well, program evaluation leads in the MD Program have published Eyeing Mistreatment as a Workplace Hazard: Analysis of Qualitative Mistreatment Data from MD Students at the University of Toronto. This November 2019 report analyzed a range of data with the goal of determining what is happening from the student perspective, aiming to uncover the how and why of mistreatment, and providing student-centered recommendations to reduce its occurrence.

In 2019, Faculty leadership participated in education on Indigenous History and Health consistent with the University of Toronto's Report in response to the Truth and Reconciliation Commission's Report and Calls to Action. The Dean's Executive Committee and specific departments have also had their leadership engage in educational activities such as the KAIROS Blanket Exercise.

The Office of Professional Values, established in 2019 and led by Prof. Pier Bryden, is currently developing a workshop for departmental leadership supporting faculty in adopting and demonstrating the Faculty's professional values and addressing issues where these are breached. Profs. Bryden and Pattani are also working together to educate key faculty members on supporting learners who disclose concerns regarding professional relationships with other trainees, faculty, and staff, and informing them of the options and processes available to them in addressing these concerns.

In addition, the Faculty's Office of Inclusion and Diversity creates a range of valuable educational opportunities for learners, faculty, and staff, and has offered a number of important sessions, including:

How Do We Talk About Race? – January 21, 2020, a panel event and community dialogue examining how race operates in healthcare services, research, and education. Featuring presentations, a panel discussion and community dialogue, this event provided health care practitioners, learners, researchers, and staff with tools and frameworks to discuss race. This event was held in partnership with the U of T Faculty of Kinesiology and Physical Education.

Accessibility, Action and Inclusion Panel Event – December 3, 2019, in honour of International Day of Persons with Disabilities. The Faculty of Medicine's Office of Inclusion and Diversity, partnered with the International Centre for Disability and Rehabilitation, Holland Bloorview Kids Rehabilitation Hospital, and the Canadian Institute for the Blind to discuss creating accessible spaces in health services, education, and sciences.

Let's Talk About Islamophobia in Medicine: An Open Forum – April 6, 2017 for learners, staff, and faculty to have a conversation about the issue of Islamophobia in medicine and how to work together to create a more inclusive, respectful, and accepting community for all.

During the COVID-19 pandemic, SickKids Research Institute – in partnership with the Faculty of Medicine's Continuing Professional Development Office – has offered a seven-part webinar series called Dialogues in Diversity: Explorations of the EDI (Equity, Diversity & Inclusion) Implications of COVID-19.

3. Accountability: Reporting on Unprofessional Behaviours in the Learning Environments

While many learners and faculty witness or experience mistreatment, actual reporting rates are very low. Some learners may not be aware of what constitutes mistreatment and unprofessional behaviour; others may not be aware of reporting mechanisms. Still others fear retaliation.

Some learners may offer comments on teacher assessments or rotation evaluation forms; others may use private or public social media forums to share experiences. **These data sources are not included here**. Also, **not included** in the data below are:

- Reports of uncivil patient/family interactions, which are addressed in partnership with the affiliated hospital site under the terms of the University's affiliation agreements;
- Issues of research misconduct, which are managed and reported through U of T's Research Oversight & Compliance Office
- Reports of professional conflicts of interest, which are managed through the Faculty of Medicine's Professional Relationship Management Committee.

Table 1 provides aggregate and de-identified data regarding the types of mistreatment concerns disclosed/reported by MD students as well as the sources of these types of mistreatment from January 1, 2019 – December 31, 2019. Please note that the number of concerns includes disclosures that the student decided not to pursue as well as concerns that were submitted anonymously through the MD Program's Office of Health Professions Student Affairs (OHPSA):

Table 1: 2019 Disclosures/Reports of Mistreatment

Type of Mistreatment	Source of Mistreatment (patient interactions not included)				
	Faculty	**Resident**	**Other HCP**	**Peer**	**Total**
Unprofessional behaviour	5	1	0	3	9
Discrimination / discriminatory harassment	2	0	0	2	4
Sexual violence / harassment	1	0	0	2	3
Other	1	0	0	0	1
Total	9	1	0	7	17

Of the 17 disclosures/reports:

- 7 were escalated to senior leadership to manage and resolve; outcomes ranged from notations in their performance records, written reflections, referral for coaching or remediation, or academic sanctions, including removal from leadership, educational, or research roles
- 4 matters were investigated and determined to be unsubstantiated
- 1 learner elected not to escalate their disclosure
- 5 matters were resolved but no resolution data was collected; we are developing processes for more effectively tracking resolutions in order to provide greater accountability in future annual reports.

Table 2 provides aggregate and de-identified data regarding the types of mistreatment concerns disclosed/reported by MD students for the period of 2016–18. During this period, we did not have policies and procedures to track data granularly, which accounts for the differences in reporting methods between 2016–18 and 2019. We will be making ongoing iterative changes to annual reporting given our revised protocols and tools launched in 2020.

Table 2: 2016–18 Disclosures/Reports of Mistreatment

Type of Mistreatment	Frequency
Unprofessional behaviour	8
Discrimination / discriminatory harassment	1
Sexual violence / harassment	3
Other	1
Total	13

Of the 13 disclosures, 12 were escalated to senior leadership.
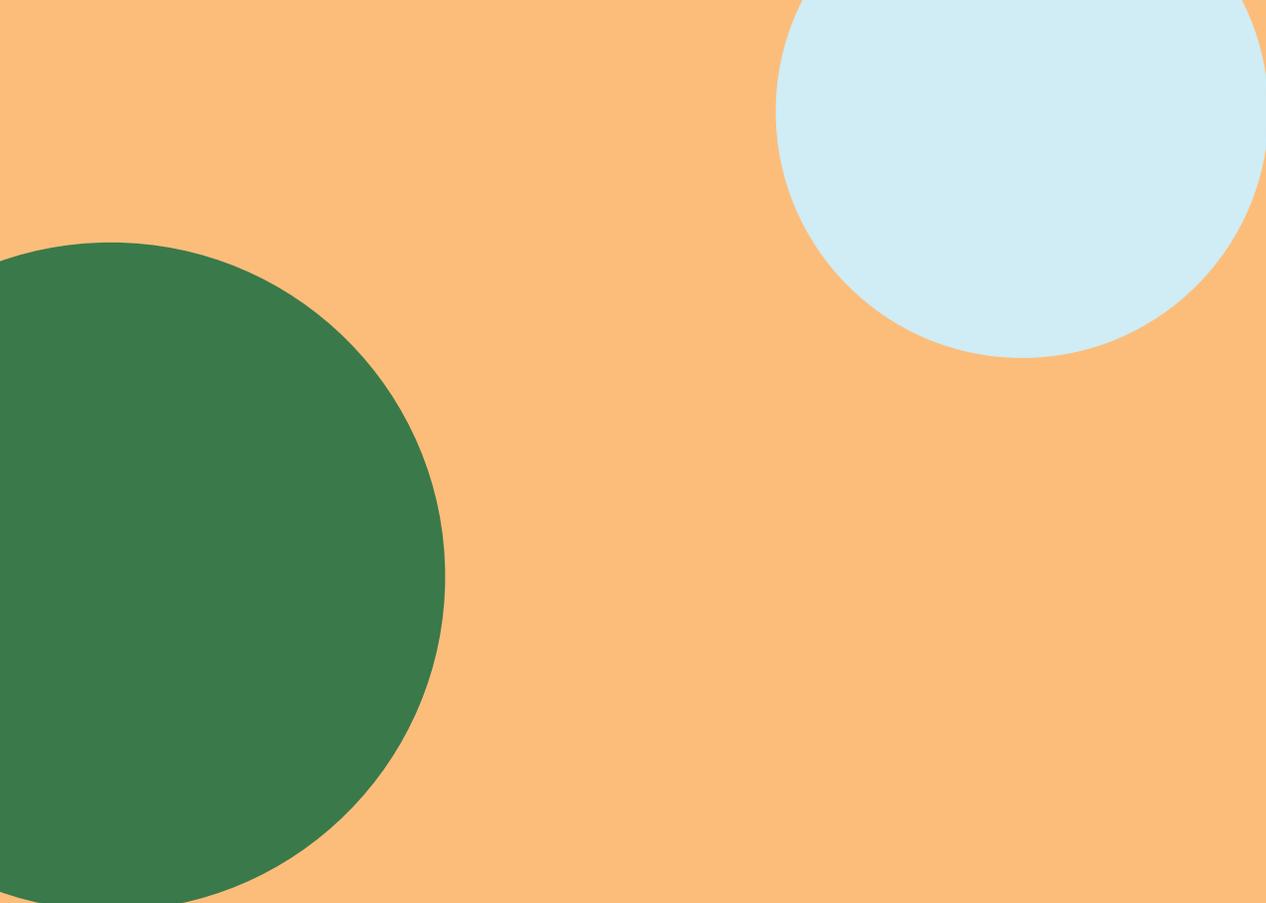
"Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all learners, health care partners, and members of the health care team."

— *Canadian Medical Association Code of Ethics and Professionalism, 2018*

Next Steps

To summarize, we recognize that the culture shift that we require will demand sustained effort from all of us, and that creating greater awareness, building up programs for education, and ensuring accountability are goals we must continuously strive for and not a discrete endpoint that we will reach.

Generating awareness about mistreatment, its enablers, and its consequences can begin with tying academic citizenship explicitly to faculty evaluation. Increasingly, clinical departments are making professionalism a consideration in faculty recruitment, promotions, and selection for leadership positions. Our goal is to ensure that all faculty members within the MD Program complete faculty development programs on the subject of learner mistreatment with the aim of dismantling the hidden curriculum and shifting towards reproducing positive cultural norms. Starting in Fall 2020, we will be piloting an online module for medical clinical faculty on professional values and behaviours, with a specific focus on 2020 revisions to the Faculty's Standards of Professional Behaviour for Medical Clinical Faculty. Discussions are underway with TAHSN as to whether this will become part of physicians' appointments process, and with Clinical Chairs across the Faculty regarding adoption by departments for incoming faculty members, at the time of the three-year review, and at recurring intervals thereafter. The module will be accompanied by tip sheets and "train the trainer" workshop materials that departments can adapt to specific needs. For our learners, we will be raising awareness about our revised protocol, resources (including our webpages), and online disclosure form through various curricular activities, specific to students in each of the four years of medical school.

Creating awareness is not only about identifying and addressing unprofessional behaviour, but also about shining a spotlight on, and celebrating, the positive behaviours that are exhibited by countless individuals in our academic community every day. We hope to strengthen recognition of exemplary professional values in the Faculty of Medicine by recognizing excellence in citizenship through awards and communications which we plan to start developing in 2021.

Targeted education initiatives will help raise awareness and also ensure that we are all developing the vocabulary and frameworks needed to create anti-racist, anti-oppressive, and inclusive learning and working environments. Among the activities ahead:

- U of T's Centre for Faculty Development and the Office of Inclusion & Diversity at the Faculty of Medicine have partnered to develop a session on equity, diversity & inclusion, scheduled for Fall 2020.
- Ongoing education initiatives are planned to provide anti-Black racism training and promote Indigenous cultural safety training, as our data shows that experiences of mistreatment vary by sociodemographic identifiers, with racialized students being disproportionately affected.
- Sessions on religious discrimination and Anti-Semitism are also planned for November 2020.

- Finally, a 2-hour MD module on mistreatment, comprised of a 30-minute lecture followed by 1.5 hour virtual small groups is scheduled to be delivered to 2T3 students (second year medical students) for November 2020. This module has been co-created with several learners who have given their time and expertise to develop the content for this session.

In order to ensure accountability to our learners, we will build on this report and commit to distributing an annual professionalism report that will present data regarding the frequency and spectrum of mistreatment behaviours occurring within our environment. This annual report will also present the spectrum of resolutions to illustrate some of the ways that the Faculty of Medicine responds to student concerns.

As we raise awareness, develop educational offerings, and demonstrate accountability through transparency, our hope is that a greater number of learners will feel comfortable coming forward to discuss, disclose, or report incidents of mistreatment. As such, in the near-term we anticipate that the number of learner concerns brought forward may increase. Over time, however, the culture shift that we hope for is one that results in a reduction in both the frequency and severity of unprofessional behaviours; we will only start to identify this shift by collecting data and sharing it transparently. Finally, in striving to be accountable, we hope to devise program evaluation tools that will allow learners to provide feedback on the resources and processes being built, aiming for iterative changes and ongoing quality improvement that ensures our programming remains responsive and learner centered.

We know the impact that the learner environment has on the personal and professional development of our learners. We are committed to working in partnership with our learners to shift culture and improve the working and learning climate for us all – *We all belong*.

Appendices

Appendix 1: CMA 2018 Code of Ethics and Professionalism

Appendix 2: Recos from Eyeing Mistreatment as a Workplace Hazard:
Analysis of Qualitative Mistreatment Data from MD Students at the University of Toronto

1. Developing an MD Program culture that stands against mistreatment, empowering all stakeholders who witness or suffer mistreatment to speak up, report it, and stop it.
2. Clearly outlining and disseminating what constitutes mistreatment, the associated reporting process, and the length of time for resolution (including repercussions for perpetrators).
3. Developing and implementing reporting policies and processes that are clear, well disseminated and accessible to all students, to ensure a safe environment in which to report.
4. Developing policies and processes that outline the role of the student to all stakeholders in the learning environment.
5. Developing and implementing of educational interventions that encourage diversity and inclusion, and cultivate a culture where differences are respected and accepted.
6. Strengthening support systems for students experiencing mental health issues, especially those attributed to program workload and mistreatment.
7. Enhancing recruitment of and support for diverse students (e.g. religious and racial minorities, LGBTQ+, Indigenous, older, and low SES students) to better reflect population demographics.

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