



2020–2021
Annual Learner
Experience Report

Dear Temerty Medicine,

As we arrive at the first 18 months of having a learner experience portfolio within our institution, it is an opportunity to reflect on what we have learned (and unlearned) and significantly, how far we still must go to achieve the culture change that we need and seek. Our thanks go to every learner who has come forward to the Learner Experience Office to *discuss, disclose, or report* mistreatment that they have witnessed or experienced. Your voice matters, and the stories you are sharing are pushing us towards becoming a more respectful and inclusive organization.

Despite the many distressing stories we have heard over the past 18 months, there is cause for hope and inspiration. First and foremost, the inspiration comes from the learners, who are imagining a new way for us to learn and work together that will surely benefit us all. There is also inspiration from education leaders and allies across the institution, who recognize that every instance of mistreatment creates a permissive environment for incivility and injustice. Finally, there is inspiration to be drawn from every individual who has reflected on the responsibilities that we all carry to enable a positive learning environment.

This annual report summarizes the first steps that we are collectively taking to effect change in the learning environment. The culture change we need won't be easy or quick to achieve, and it will require all our active participation. We hope you will be part of this ongoing conversation.

Sincerely,

Patricia Houston, MD, MEd, FRCPC

Acting Dean | Vice Dean, Medical Education | Interim Associate Dean, PGME
Temerty Faculty of Medicine

Tony Pignatiello, MD, FRCPC

Associate Dean, Learner Affairs
Temerty Faculty of Medicine

Reena Pattani, MDCM, MPH, FRCPC

Director, Learner Experience
Temerty Faculty of Medicine

Acknowledgements

This report reflects the tireless work and extraordinary commitment of MD program and Postgraduate medical education (PGME) learners, faculty, and staff, representing a variety of clinical programs and hospitals, all working towards creating a culture where everyone is respected, included, and treated with compassion and fairness. Below, we name some of the learners who have played a leadership role in identifying issues, serving as a sounding board for new ideas, and proposing strategies and interventions with a solutions-oriented mindset. We also acknowledge our Learner Experience Advisory Council Operations Group, which helped set the direction for this portfolio in its early days. It is impossible to name all the individuals whose voices have been vital to the work undertaken to date. Their contributions have been invaluable to the success of the Learner Experience portfolio over its first year of operations. We thank everyone who has been a partner in these efforts.

Learner-Leaders:

MD Program:

Nader Chaya, Lina Elfaki, Jordi Klein, Safa Majeed, Neha Malhotra, Mary Oluwasemipe Oni, Lyon Qiao, Gagandeep Singh, Kabisha Velauthapillai

PGME:

Leora Branfield-Day, Ari Cuperfain, Victor Do, Samik Doshi, Amr Hamour, Justin Lam, Darby Little, Hala Muaddi, Parth Sharma, Aisha Yusuf Ibrahim

Learners who have joined these after July 1, 2021:

Hadeel Aljazzaf, Parnika Godkhindi, Paige Homme, Hayeong Rho, Muhammad Shahid, Jane Wang, Alis Xu

Learner Experience Advisory Council (LEAC) Operations Group:

The LEAC Operations Group served as a strategic planning committee for the first year of the learner experience portfolio:

Anita Balakrishna, Pier Bryden, Alison Freeland, Heather Flett, Arno Kumagai, Julie Maggi, Tony Pignatiello, Paul Tonin

About the Learner Experience Office

The Learner Experience Office (LEO) was established in May 2020 to support learners who have witnessed or experienced mistreatment. The establishment of this office arose from recommendations made to the Dean by the Optimizing our Learning Environment (OLE) Working Group in 2019, which identified the need for Institutional Leadership, Accountability, Clarity, and Awareness-building, to address mistreatment as an initial (though not exclusive) area of focus related to the learning environment.

The Temerty Faculty of Medicine has adopted the Association of American Medical Colleges definition for mistreatment, which describes mistreatment as *intentional or unintentional behaviours that show disrespect for the dignity of others*. This is further categorized in our framework as unprofessional behaviours, discrimination and discriminatory harassment, and sexual harassment and sexual violence. An integral goal of this framework is to ensure that we have a shared language and approach in thinking about these issues, recognizing that a single incident of mistreatment may not fall neatly into only one of these categories. This framework is informed by foundational policies and procedures within the University of Toronto, College of Physicians and Surgeons of Ontario (CPSO), Canadian Medical Protective Association (CMPA), and the Ontario Human Rights Code.

Our legal and regulatory obligations to address learner mistreatment are well established. Surveys and other data gathered by Temerty Medicine reinforce the necessity of this work. This includes the “Voices” survey data that Temerty Medicine has been collecting since 2016. In 2016, PGME launched the inaugural Voice of the Resident survey, to explore the experiences and future plans of almost 2,000 residents. Analysis of the 2016 and 2017 survey results produced troubling findings with respect to residents’ experiences with discrimination and harassment. Based on these findings, the Dean of Medicine expanded the Voices surveys in 2018 for all learners and faculty to gain a faculty-wide perspective. To date, findings from the surveys have informed important changes in Temerty Medicine including the establishment of new portfolios like the Director of Learner Experience, Senior Advisor for Clinical Affairs and Professional Values, Temerty Professor in Learner Wellness, and Director of Faculty Wellness. As of 2021, the intention is to deploy the surveys every two years to all learner groups and faculty.

The “Voices” survey data we have received, along with the literature, make it evident that we have a social justice and moral imperative to combat learner mistreatment, which is a decades-long systemic problem. It is also an issue deeply rooted in asymmetries of power, both in relation to the inherently hierarchical nature of medical education, and to the overlapping systems of oppression that contribute to the discrimination and exclusion of individuals from equity-deserving groups. Indeed, our data and the literature show that learners from equity-deserving groups, including learners who are Black, Indigenous, from other racialized groups, women, individuals identifying as 2SLGBTQIA, individuals living with a disability, and individuals from minoritized faith groups (experiencing, for example, Antisemitism or Islamophobia), among others, bear a disproportionate burden of mistreatment experiences.

Learner Experience Office Team

The designated program leaders that comprised the frontline team for LEO in 2020-21 included:

- **For MD Program:** Sarah McClennan (Academy Director, Mississauga Academy of Medicine), Andrea Page (Academy Director, Wightman-Berris), Reena Pattani (Director, Learner Experience), Tony Pignatiello (Associate Dean, OHPSA), Gena Pilotis (Academy Director, Peters-Boyd), Molly Zirkle (Academy Director, Fitzgerald)
- **For PGME:** Glen Bandiera (Associate Dean, PGME), Reena Pattani (Director, Learner Experience)

For the 2021–22 academic year, the LEO is delighted to welcome Jeremy Edwards (incoming Academy Director for Fitzgerald Academy) as well as Chetana Kulkarni (PGME Liaison for the Learner Experience Office). We sincerely thank Molly Zirkle (outgoing Academy Director for Fitzgerald Academy) and Glen Bandiera (outgoing Associate Dean, PGME) for their longstanding commitment to learners and the learning environment and the many learners they supported in navigating our revised processes.

Learner Mistreatment Pathways

Our guidelines distinguish between *discussing, disclosing, and reporting (Figure 1)*:

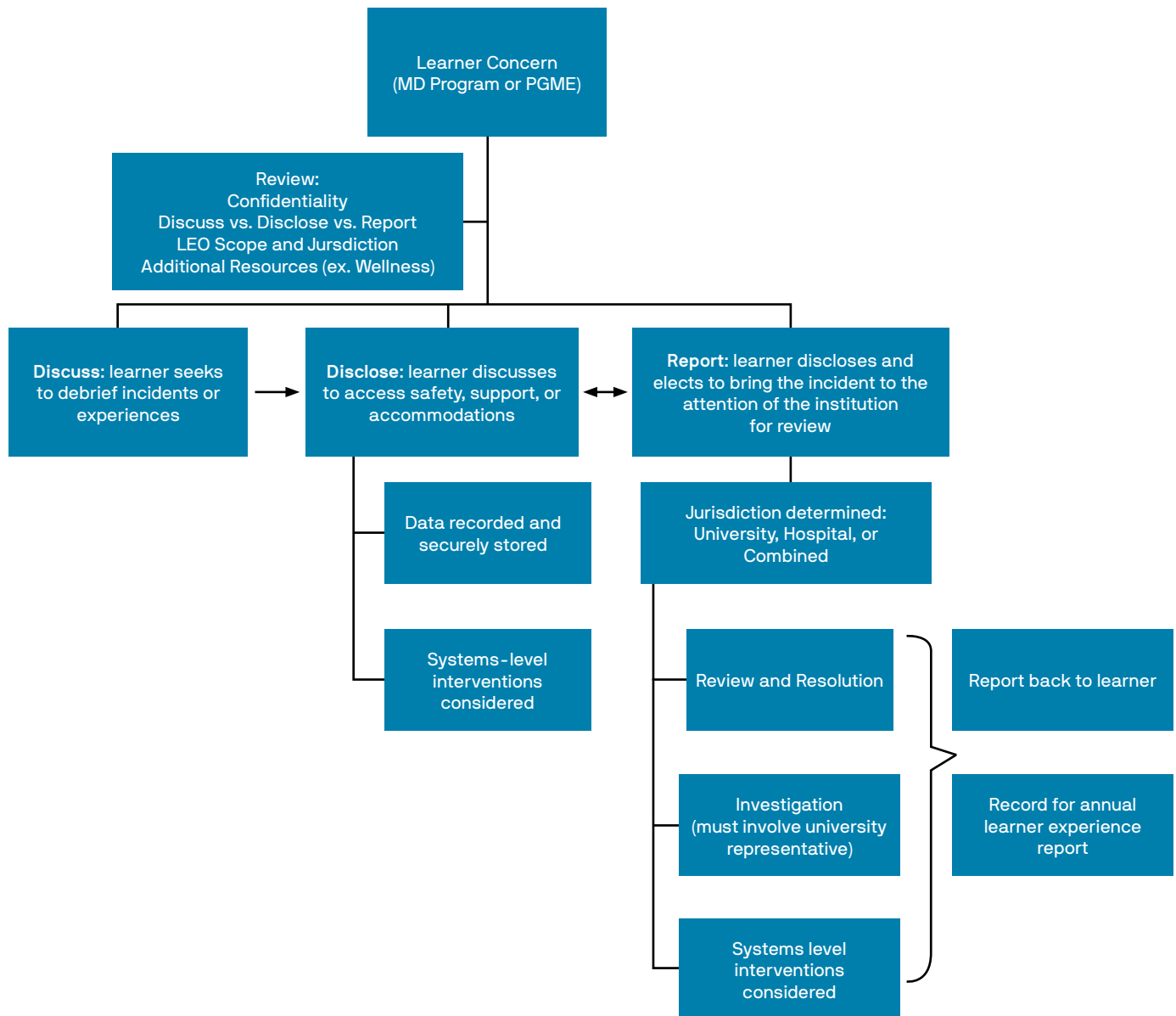
DISCUSSING is when a learner meets with a designated program leader to talk about, debrief, or unpack an incident or experience.

DISCLOSING is when a learner conveys information about the conduct of an individual to the university to seek information about their options, including for safety, support, or accommodations.

REPORTING is when information about an individual's conduct is conveyed with the intent that the university formally reviews and potentially acts upon the information.

The decision to disclose and the decision to report are separate decisions made by the learner, except in cases where Temerty Medicine and/or an affiliated health care institution are required to take steps, including out of health or safety concerns, or as required by law or university regulation. Our team supports learners using trauma-informed approaches that center the goals, agency, and voice of the learner coming forward as much as possible.

Figure 1: How learner concerns are approached



The LEO is a central hub of supports and resources for learners across the continuum that supports learners in understanding their options and navigating available processes. LEO is not directly involved in the review, investigation, or adjudication of concerns brought forward. Instead, LEO determines the leader in the system best-positioned to address the concerns raised and escalates the matter to their attention, and ensures ongoing learner support throughout the process. Once a matter is reviewed and resolved, the leader(s) who oversaw the review has an accountability to report back to the LEO with a summary of the interventions and outcomes. LEO, in turn, is committed to closing the loop with learners who have come forward to report through our newly established pathways. Although we may be limited in providing granular details about an outcome when closing the loop with learners, owing to privacy considerations, we always let learners know the level at which matters were reviewed and establish an ongoing relationship, welcoming learners to come forward again if issues persist.

Review and management of a report may include, but is not limited to, one or more of the following actions (at the discretion of leadership who are tasked with acting on a report):

- Referral to another University process or body, as appropriate
- Informal conversation by a University and/or hospital leader with the respondent with the aim of encouraging self-awareness and self-reflection
- Referral for mentoring, coaching, or education (for example, Center for Faculty Development, Canadian Medical Protective Association)
- Written reflection or apology from the respondent
- Confidential, mediated discussion or resolution between the respondent and the complainant. This approach recognizes the role of collegial conversations in the Temerty Medicine community, but this must take into account the power imbalances that exist in our clinical and learning environments. A mediator who is acceptable to both parties may be appointed to work towards a resolution. Learners can ask PARO representatives to accompany them, if applicable
- Notification to applicable regulatory body
- Temporary or permanent change to teaching, research, or leadership duties
- Termination of Academic Appointment
- Notification to campus police or law enforcement

In addition to providing learners with support, LEO also offers support and resources to leaders across the system who receive disclosures and are asked by learners to take action on the disclosure within their local contexts. Our aim in providing consultation to education leaders is to ensure that the guidelines are consistently applied across clinical programs and hospitals in case- and context-specific ways, with the ultimate goal being procedural consistency, fairness, and equitable access to supports across the continuum of learners and across our learning and working environments.

We worked closely and collaboratively with a variety of portfolios within Temerty Medicine, the university, and the community, including:

- Office of Inclusion and Diversity
- Office of Health Professions Student Affairs (OHPSA) & PGME Wellness
- Equity Offices at U of T
- Sexual Violence Prevention and Support Centre (SVPSC)
- Professional Association of Residents of Ontario (PARO)

We thank the teams across these offices for their invaluable support and guidance of the LEO and the learners that we support.

Learner Experience Office Activities for 2020-2021

As noted, data underpins LEO's work and priorities and will continue to serve as a metric by which we hold ourselves accountable. The "Voices" surveys within Temerty Medicine have been especially valuable for the insights they have provided about the learning environment within the University of Toronto and its affiliated hospitals. In Spring 2021, data from our "Voices" surveys revealed:

- 44% of medical students, 38% of residents, and 35% of clinical fellows said they experienced discrimination at least once over the prior academic year
- 25% of medical students, 38% of residents, and 25% of clinical fellows said they experienced harassment at least once over the prior academic year
- These values were comparable to findings from the 2019 iteration of the surveys (note the LEO was established in May 2020).
- Faculty members were the most frequently cited source of discrimination or harassment (50 – 57%); patients and families were the second most frequently cited.
- The most common mistreatment behaviours that learners across the continuum said they had experienced were disrespectful conduct, public humiliation, offensive sexist remarks, bullying, and outbursts of anger.

For more information about the "Voices" survey results, please see the **Appendix**.

a) Learner Support and Navigation

Between May 1, 2020 and June 30, 2021, LEO processed 124 learner concerns. There were more MD program learners that came forward than PGME learners, however this likely reflects the fact that MD program guidelines were approved in March 2020 and PGME guidelines were approved in January 2021, leading to differences in the timelines for implementation. This is in contrast to 2019–20, when the university received [17 MD program learner disclosures / reports](#) and there was not yet a process for collecting data on PGME learner disclosures / reports given the distributed nature of PGME training programs. Data shared below has been analyzed by the PGME Unit of Policy, Analysis and Systems. Table 1 provides a summary of the volumes seen by LEO.

Table 1: 2020-21 Learner Mistreatment Reports and Disclosures/Discussions (Unique Records)

	Closed	Open	Total
MD Learners			
Reports	38	10	48
Disclosures/Discussions	25	6	31
Subtotal	63	16	79
PGME Learners			
Reports	10	8	18
Disclosures/Discussions	18	9	27
Subtotal	28	17	45
Grand Total	91	33	124

Note: Unique records can include multiple sources of mistreatment and multiple types of learner mistreatment.

In the near-term we anticipate that the number of learner concerns brought forward might increase as we raise awareness, continue to develop educational offerings, and demonstrate accountability through transparency.

Table 2 (next page) provides a high-level summary of the types of concerns being raised by our learners and the sources of mistreatment behaviours (also known as the respondents).

Table 2: 2020-21 Types and Sources of Mistreatment Reported, Disclosed and Discussed

MD Learners - 79 Reports/ Disclosures/Discussions	Unprofessionalism	Intimidation	Harassment	Discrimination	Other
Source of Mistreatment					
Faculty	30	2	2	15	
Other Health Professional	2				
Patient/Family			2	1	
Other PGME Learner	3		1	1	
Other MD Program Learner	4			24	1
Organizational/Unit/Structure	1			6	
Other	2	1		2	1
Total	42	3	5	49	2

PGME Learners - 45 Reports/ Disclosures/Discussions	Unprofessionalism	Intimidation	Harassment	Discrimination	Other
Source of Mistreatment					
Faculty	19	5	3	9	1
Other Health Professional	2				
Patient/Family					
Other PGME Learner	5			1	
Other MD Program Learner					
Organizational/Unit/Structure	1				
Other	4			1	3
Total	31	5	3	11	4

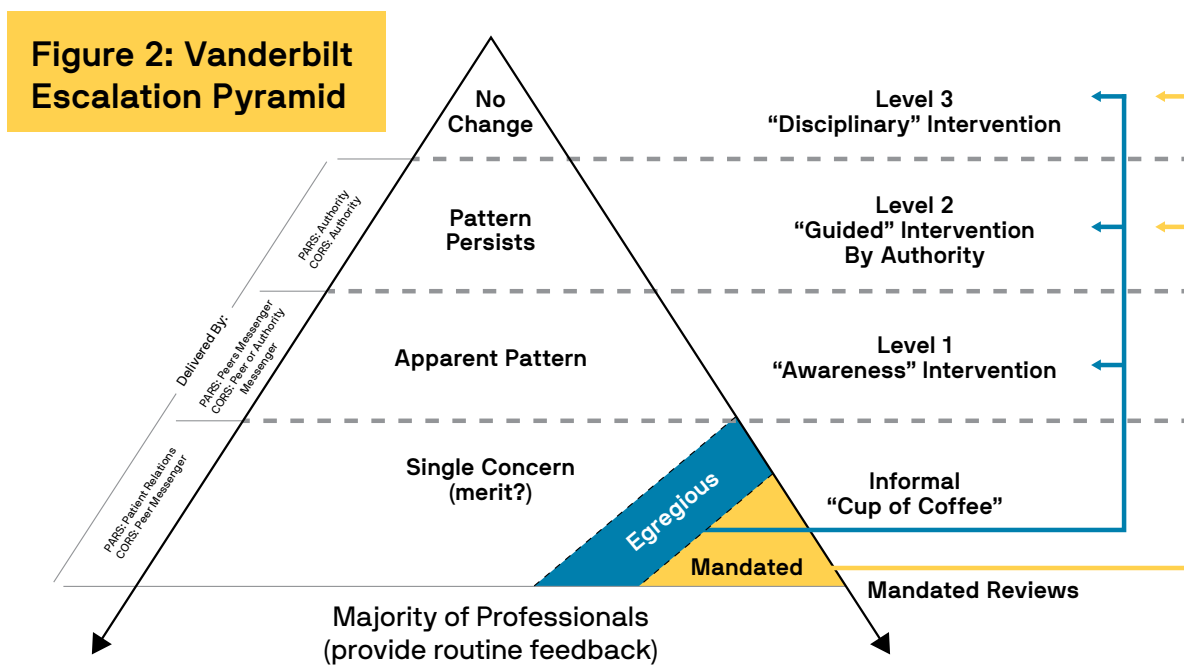
To maintain our commitment to transparency and accountability, we commit to sharing outcomes in an aggregated and de-identified manner in our annual learner experience report, as shown in Table 3 below.

Table 3: Resolutions for concerns brought forward May 1, 2020 – June 30, 2021

Reports of Mistreatment	Resolutions for Reports Only – Closed Files						Resolutions for Reports Only – Open Files					Total Actions
	Awareness building / Informal Conversation	Written Apology	Removal of Learners (temp)	Systems Level Intervention	Insufficient information to take action	Learner discontinued report	Learner Weighing options	Determining Applicable processes	Escalated to leadership for review	Redirected to another jurisdiction		
MD Program Learners (48 unique)	12	0	1	23	2	0	1	1	7	0	47	
From PGME Learners (18 unique)	6	1	0	1	0	2	0	1	6	1	19	
Total	18	1	1	24	2	2	1	2	13	1	66	

Although not all of the potential review and resolution mechanisms were utilized over the prior academic year, they remain options within our Guidelines.

Awareness-building (or expectation-setting) conversations were a common resolution mechanism utilized over the past year. This involves a university or hospital leader making an individual aware of the impact of their words or actions and providing education on the negative consequences to the learner and the learning environment. These conversations emphasize a human rights framework in which **impact is privileged over intent**. This approach can support meaningful steps towards culture change, providing respondents with the opportunity to respond to the allegations, reflect on their behaviour, and work to repair any harm caused. Significantly, the conversation and associated documentation also help establish a starting point along an escalation pyramid (Figure 2), in which persistent behaviours can be addressed with progressive education or disciplinary actions.



Adapted from: Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. Acad. Med. 2007 Nov;82 (11):1040–1048.

b) **Systems-Level Activities**

Concurrent to supporting learners over the prior academic year, we also undertook a variety of systems-level interventions to help address learning climate concerns under the learner experience portfolio led by Reena Pattani.

Revisions to MD Program guidelines occurred in March 2020 (prior to the establishment of LEO); and **revised PGME guidelines** were subsequently approved in January 2021. This work was completed with leadership from Pier Bryden, Sara Gottlieb, Melissa Kennedy-Hynes, Tony Pignatiello, and Paul Tonin, with support and guidance from the Student Mistreatment Advocacy Response Team (SMART) and PG-SMART.

On the basis of the revised guidelines, **learner-facing webpages** were also created with the help of Roberta Brown, Amy Widdifield, Caroline Abrahams, Melissa Kennedy-Hynes, and Paul Tonin.

We are presently in the process of migrating our learner mistreatment data to a more **secure electronic case management system**, for which we thank Caroline Abrahams and Katherine McConnell. We hope this will streamline future efforts to document our activities and generate reports

Next steps include the deployment of a **new web-based program evaluation tool** in 2021–22. This continuous quality improvement tool will provide learners who have interacted with our office with the opportunity to provide anonymous feedback that will help us to improve on our processes in ways that are informed by learner-identified needs. We thank David Rojas and Margit Gill for the leadership role they have played in developing this tool.

Over the past year, we observed that learners who are international medical graduates (IMGs) and internationally-funded trainees (IFTs) face distinct barriers include experiencing discrimination and harassment at high rates. As a result, we convened an advisory group to undertake an **environmental scan and literature review on how we can improve supports for IMG and IFT learners**. Our hope is that these efforts will inform future interventions within Temerty Medicine. A thank you to our advisory group including Petal Abdool, Anita Balakrishna, Glen Bandeira, Aisha Yusuf Ibrahim, Alpna Munshi, Umberin Najeeb, Lisa Robinson, and Shannon Spencer, as well as Alison Hoy who co-led this effort.

Faculty development is a critical task in enabling awareness-building of these new processes and providing opportunities for knowledge and skills acquisition on overlapping concepts including psychological safety, microaggressions, allyship, and anti-oppression. Several portfolios across Temerty Medicine hosted educational activities that promoted a positive learning environment including the Office of Inclusion and Diversity, Center for Faculty Development, and the Professional Values portfolio, with thanks to Anita Balakrishna, Latika Nirula, and Pier Bryden for their leadership of these respective portfolios. Susan Glover-Takahashi and Justin Lam will be leading efforts to expand faculty development efforts around our revised learner mistreatment processes over the 2021–22 academic year. Finally, learner-to-learner mistreatment comprises approximately 20% of mistreatment

concerns brought forward by our learners and represents a distinct subset of mistreatment that warrants special consideration. Nader Chaya and Hala Muaddi were co-chairs of our **Learner-to-Learner Mistreatment Working Group** this past year, who created an infographic to help raise awareness about this form of mistreatment, the LEO, and other available supports and resources. This infographic was distributed to all MD program and PGME learners.

As noted earlier, although our initial focus is on learner mistreatment, the LEO also aims to design, implement, and evaluate processes to celebrate the many examples of excellence in citizenship that occur across our learning and working environments every day through **positive reporting**, as a means of establishing the norms that we hope to re-enforce. This will become a priority over the next 1–2 years.

c) **Education**

In 2020–21, we gave grand rounds on the topic of Learner Mistreatment in Medicine at eight different venues spanning clinical programs and hospitals. We also provided in-person updates and communications about our revised processes at 24 meetings, to learners and education leaders. This included communications to each year within the MD program, as well as an intensive 2-hour MD Learner Mistreatment Workshop for second year medical students that is embedded in the core curriculum. This workshop included a 30-minute lecture followed by 1.5 hr small group case discussions. With thanks to the working group that designed, implemented, and evaluated the inaugural version of this workshop, including Sacha Agarwal, Pier Bryden, Kaitlin Fuller, Jordi Klein, Amr Hamour, Hana Lee, Darby Little, Neha Malhotra, Umberin Najeeb, Joyce Nyhof-Young, Ike Okafor, Mary Oluwasemipe Oni, Morag Paton, and Gagandeep Singh. This effort was co-lead with Anita Balakrishna. Many faculty, staff, and senior learners served as facilitators for the small groups and we thank them as well for their participation in this important curricular initiative.

As noted, there have been a variety of education and communications activities within other portfolios that have helped to enable culture change related to the learning climate and these are further detailed below:

i) **Office of Inclusion and Diversity (OID)**

Some of the events hosted by the OID over the prior academic year include:

- We All Belong: Creating Spaces for Dialogue and Change in Health Care (open to entire Temerty Medicine).
Link: gdrs.utoronto.ca/event/we-all-belong-transforming-culture-health-care-and-science; Hosted jointly by OID and SickKids collaborative event, September 9, 2020.
- Equity-Based Mentorship Orientation for Diversity Mentorship Program, hosted September 23, 2020.
- Anti-Oppression in Health Care and Sciences: A Learner-Led Symposium.
Link: youtube.com/results?search_query=anti-oppression+symposium; hosted March 12–13, 2021.

The OID has also delivered many tailored workshops and training sessions for clinical departments and hospitals, and collaborated with other offices (including the CFD) on sessions.

ii) Center for Faculty Development (CFD)

The CFD offered several workshops relevant to learner mistreatment as part of their Stepping Stones Program. Stepping Stones is their foundational faculty development program that supports faculty in their multiple education roles including teaching, advocacy, academic leadership, and scholarship. These workshops are 2-3 hours in length, open to anyone to attend and are capped at 40 participants.

- **Equity, Diversity, Inclusivity and Accessibility Considerations in Online Teaching and Learning.** *Facilitated by Anita Balakrishna and Mahadeo Sukhai. Offered July 27, 2020, and September 21, 2020.*
- **Anti-Oppressive Approaches to Care: Social Justice in Healthcare.** *Facilitated by Ritika Goel and Tracy Blake. Offered September 24, 2020.*
- **Responding to and Addressing Microaggressions & Practicing Critical Allyship.** *Facilitated by Anita Balakrishna and Suzanne Charles Watson. Offered Dec 2, 2020, Jan 27, 2021, Feb 17, 2021.*
- **Challenges Surrounding IMGs/IEHPS Education: The Good, The Bad and Not So Simple.** *Facilitated by Umberin Najeeb and Alpna Munshi. Offered Feb 12, 2021.*
- **Effective Communication with the Learner in Difficulty.** *Facilitated by Carmen Wiebe and Mark Halman. Offered June 16, 2020.*
- **Fight, Flight And Insight: Professional Conversations in Collaborative Practice.** *Facilitated by Nancy McNaughton and Kerry Knickle. Offered April 12, 2021.*
- **Building the Foundations of Anti-Oppressive Healthcare Program.** *Facilitated by Malika Sharma and Rania El Mugammar. Offered April 12, 2021, and July 2021.*

iii) Professional Values

In the 2021 Clinician Management and Reappointment System (CMARS) cycle, under the leadership of Pier Bryden, Senior Advisor Professional Values and Clinical Affairs, approximately 5256 faculty members completed the Professional Values module, which emphasized the Professional Standards for Medical Clinical Faculty, a collaboration between Clinical and Faculty Affairs and Continuing Professional Development (CPD). This will likely be repeated on a 3 to 5 year cycle, with individuals holding new appointments having to complete it in their first year. The module development was the work of a group of faculty with expertise in education and professional values, and included reviews by numerous medical student and postgraduate trainee leaders.

A working group of faculty development leads from across Temerty Medicine created faculty development materials for departments which are available, together with consultation on specific educational initiatives, on the CFD website.

The professional values portfolio has also worked with a small group to create orientation and faculty development materials for departmental leaders in addressing alleged breaches of professional behaviour, which will be available in 2021–22.

In conclusion, we have a strong institutional commitment to create transformative culture change: Patricia Houston, Acting Dean, Vice Dean Medical Education and Interim Assoc Dean PGME [has said](#) that we must all do our part to contribute to ensuring “*an environment in which our learners can learn, live, and work towards their goals, surrounded by support and respect*”. Learners are also leading the way, demonstrating an eloquence on, and commitment towards, social justice and inclusion. Together, we can construct learning environments that celebrate our individual and shared humanity and ensure that ***We All Belong***.

**“there is inspiration
to be drawn from
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Appendix

2021 Learner Experience

Findings from 2021 Voices Learner Surveys

- This report contains selected findings from the 2019 and 2021 Voice of the MD Student, Voice of the Resident and Voice of the Clinical Fellow surveys.
- For confidentiality purposes, we report only on data categories that will not permit any individual learner to be identified. (2019 $n \geq 15$; 2021 $n \geq 10$)
- Due to rounding, sums percentages do not always add up to 100%.

Methodology

Three Learner Surveys:

Voice of the MD Student

Data collection: April 13 to May 14, 2021

of respondents: 718

Response rate: 69%

Voice of the Resident

Data collection: RCPSC: February 24 to April 8; DFCM: May 26 to July 6, 2021

of respondents: 1134

Response rate: 54%

Voice of the Clinical Fellow

Data collection: March 16 to May 6, 2021

of respondents: 543

Response rate: 41%

Accuracy of Findings

Attempted Census

The Voices surveys are Attempted Censuses, that is, all registered learners in each cohort for the 2020-21 academic year were invited to participate in the survey.

An Attempted Censuses has no associated statistical margin of error.

Weighted Data

Like all non-census surveys, our survey results may include a hidden response bias. Potential response biases are typically treated as though they are zero since it is not possible to know whether there is a response bias, nor what non-respondents would have said had they participated.

To reduce potential response bias and improve the accuracy of the findings, we explored weighting the survey sample data to match known population data. The data were weighted as follows:

- The MD student data were weighted by gender identity and year of study.
- The Resident data were weighted by gender, PGY level, and department.
- The Clinical Fellows data were weighted by gender identity.

2021 Key Findings

- In general, educational ratings have dropped since 2019 for all cohorts but especially Foundations students in the MD Program.
- Learners across all cohorts were also more likely to feel physically exhausted, overwhelmed, lonely, and extremely anxious.
- Proportion of learners who say they have been harassed and/or discriminated against in 2021 has remained fairly consistent since 2019.
- Experiences of mistreatment vary by demographic groups. This presentation includes topline findings. To better understand experiences of different groups, a deeper analysis is necessary.

For more information

voicessurveys.medicine@utoronto.ca

Definitions

Harassment

Harassment refers to a course of vexatious comment or conduct which the person knows or ought reasonably to know is unwelcome.

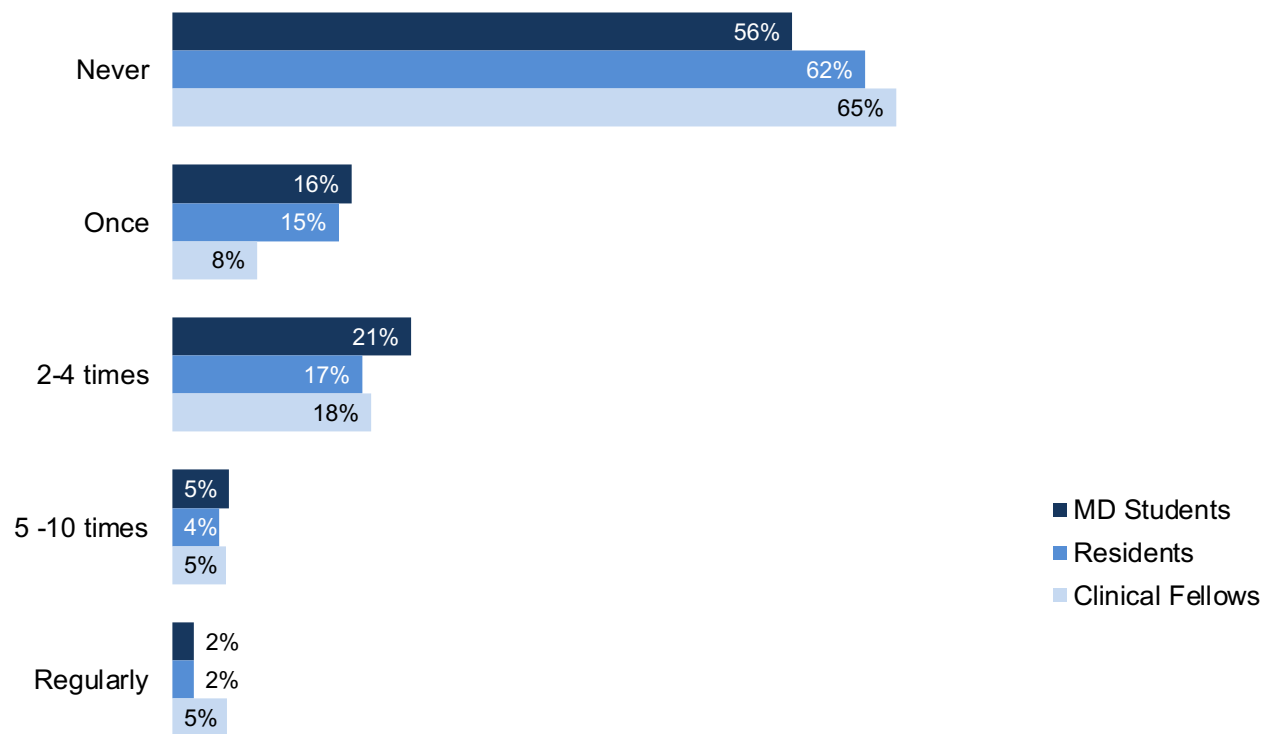
* Ontario Ministry of Labour. Workplace Harassment Provisions under the Occupational Health and Safety Act

Discrimination

Discrimination refers to unequal treatment based on ancestry, citizenship, colour, disability, ethnic origin, religion/faith/belief system, family status, gender expression, gender identity, marital status, place of origin, race, sex (including pregnancy), and sexual orientation. Discrimination can be direct or indirect, subtle or overt.

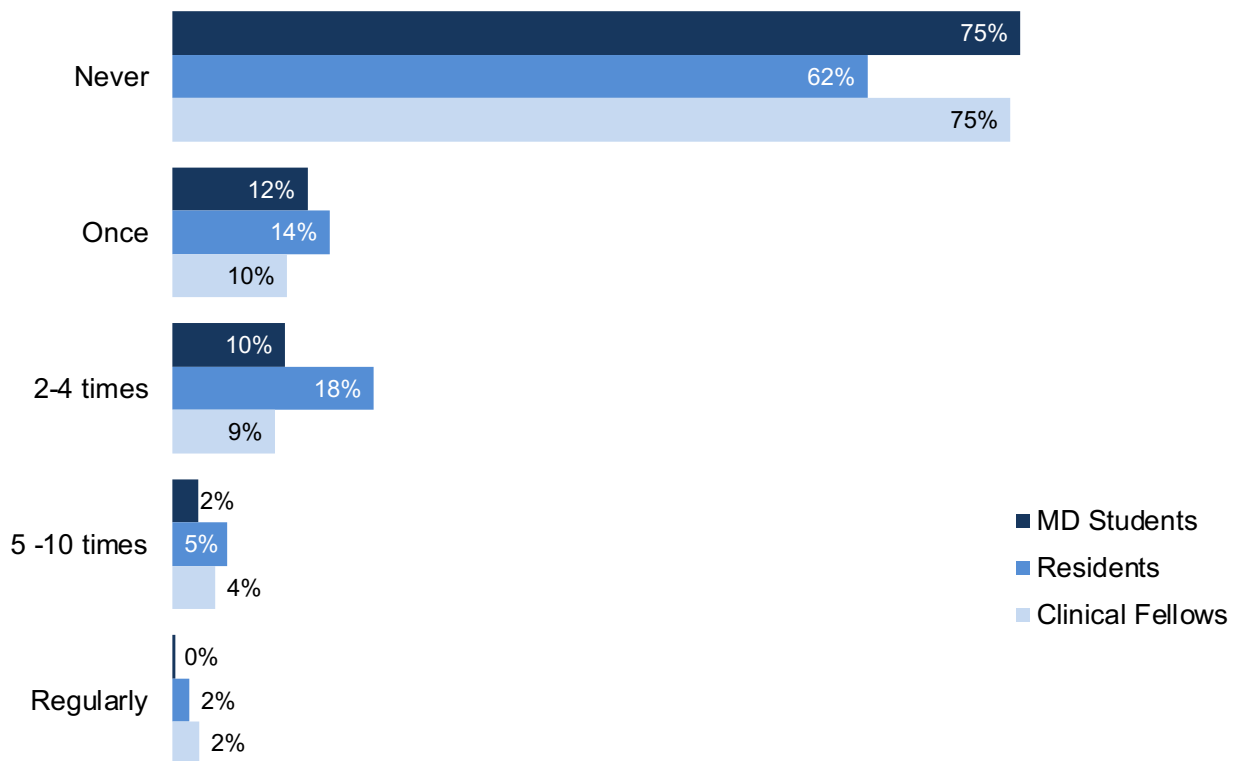
** Ontario Human Rights Commission

2021 Discrimination – 3 Cohorts



Q26. During the past academic year, how often, if at all, did you personally experience discrimination during the course of your training program? (MD Students, n=698; Residents, n=1091; Clinical Fellows, n=506)

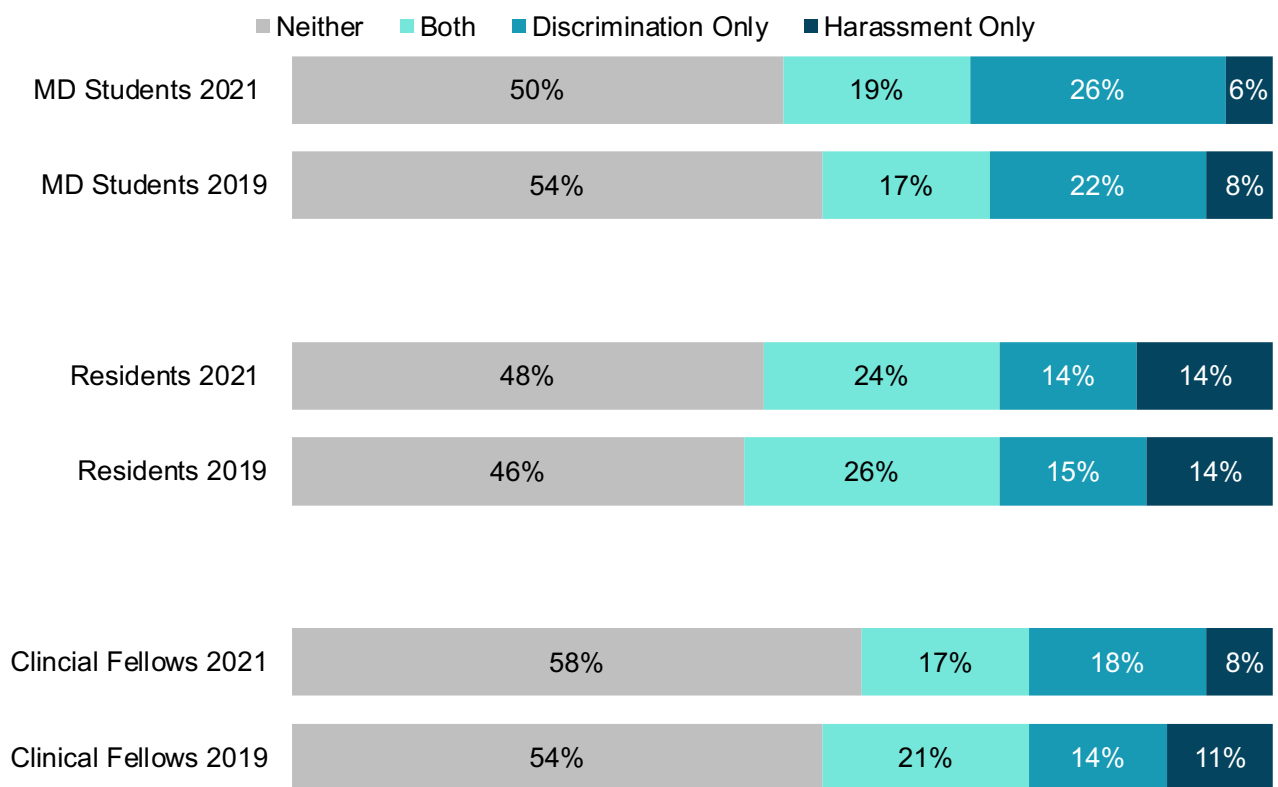
2021 Harassment – 3 Cohorts



Q27. Still thinking about your experiences during the past academic year, how often, if at all, did you personally experience harassment during the course of your training program? (MD Students, n=697; Residents, n=1092, Clinical Fellows, n=503)

Discrimination and/ or Harassment 2021 vs. 2019

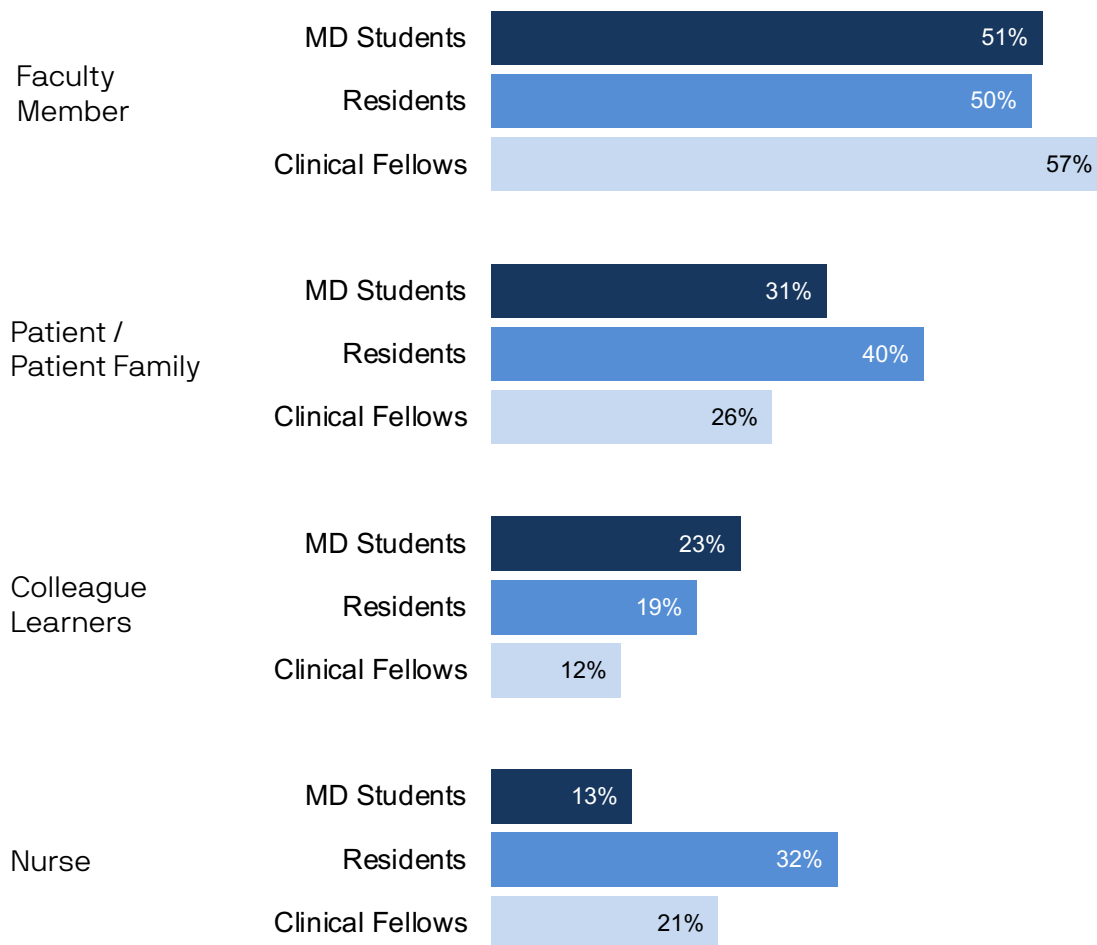
Findings from 2021 Voices Learner Surveys



Q27. Still thinking about your experiences during the past academic year, how often, if at all, did you personally experience harassment during the course of your training program?

2021 Role of Person who allegedly harassed/discriminated

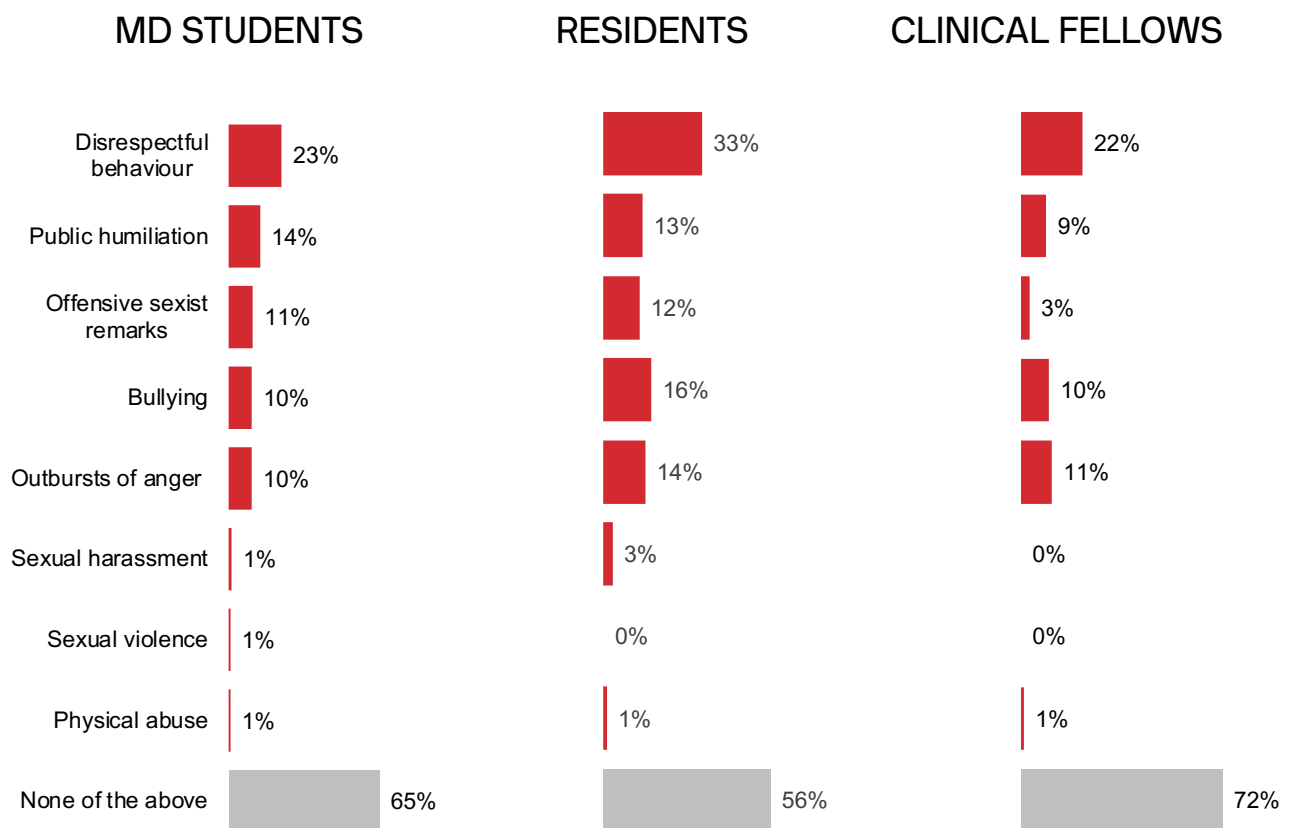
(multi-response, % who were harassed and/or discriminated against)



Q30. What was the role of the person(s) who harassed / discriminated against you? Check all that apply. (MD Students, n=355; Residents, n=550; Clinical Fellows, n=211)

Mistreatment personally experienced – 3 cohorts

Findings from 2021 Voices Learner Surveys



Q39. During the past academic year, did you personally experience or witness any of the following unprofessional behaviors in the clinical / learning environment?

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MD PROGRAM | PGME