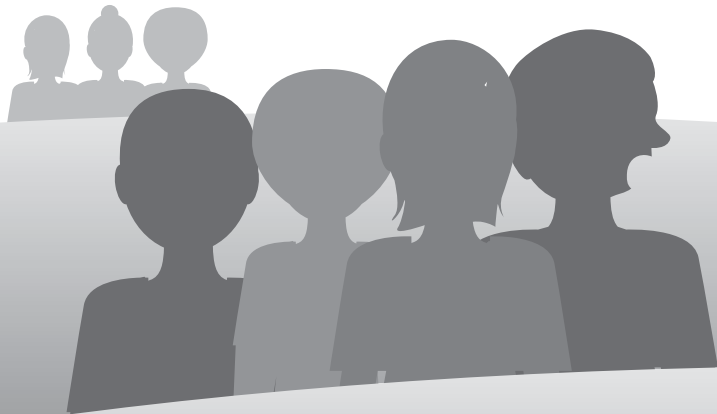


Resident  
Doctors  
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Médecins  
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du Canada



## POSITION PAPER

# Optimizing a Positive Work Environment by Addressing Intimidation & Harassment

November 2015

[residentdoctors.ca](http://residentdoctors.ca)

Resident Doctors of Canada (RDoC) represents over 10,000 resident doctors across Canada. Established in 1972, we are a not-for-profit organization providing a unified, national voice for our membership. RDoC collaborates with other national health organizations to foster excellence in training, wellness, and patient care.

# Executive Summary

Since the creation of the RDoC Intimidation and Harassment (I&H) position paper in 1996, medical organizations and RDoC stakeholders across Canada have introduced new measures to address I&H in the postgraduate medical education (PGME) environment.

Given the significant strides taken across Canada by medical organizations and RDoC stakeholders, RDoC has reviewed its position on intimidation and harassment in order to enhance the work environment for residents within hospitals, faculties of medicine, and our own organization.

## Continued Challenges

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:

- 72.9% 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

These encounters have a negative impact on resident life, training, and performance, as 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. This, in turn, can lead to decreased productivity and efficiency, increased absenteeism, errors, potential arbitration and complaints.

## Recommendations

To address intimidation and harassment in the postgraduate medical environment, RDoC is issuing the following recommendations:

1. Faculties of Medicine in Canada (including PGME offices and Program Directors) should 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**. The inclusion of residents from different specialties in these discussions will offer a realistic perspective, and highlight the reality that is faced and/or observed during training.
2. Faculties of Medicine should 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**. This “zero-tolerance approach” should be highlighted during new resident orientation, at departmental meetings, and again during academic days to ensure residents and faculty understand that this is policy. Negative encounters will not be tolerated. Information and resources should also be provided to residents early-on so that they know what to do and/or whom to approach should these encounters occur.
3. All PGME groups should **develop a free, open forum for resident doctors to be able to safely report inappropriate behaviours when they occur**. At a minimum, PGME and/or medical affairs should be viewed as a source of access to all residents. Program-specific forums are also of benefit, if they can be

created.

4. Administrators should **examine and address events as they arise, in a timely fashion, in order to prevent recurrence.**
5. All programs, universities, and hospitals should **update their own I&H and other workplace improvement policies and procedures regularly**, and ensure that this information is readily and universally accessible.

## Conclusions

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. This can be achieved by educating all stakeholders on inappropriate behaviour and how it should be addressed.

The key to this strategy is an open and collegial atmosphere in which residents will feel comfortable broaching the topic of inappropriate behaviour in the workplace.

Program Directors, residency training committees, program administrators, hospitals, PGME offices, resident organizations, and other residents have a shared responsibility to create and maintain safe and positive work environments.

Residency is a key transition period in medical education. Residents are physicians training to be specialists, and our shared goal should be to ensure that their potential is optimized during their time in postgraduate training. Working and learning in a positive work environment will enhance residents' wellness, their professional success and, most importantly, their ability to provide safe and effective patient care.

# Complete Findings & Recommendations

## Introduction

Residency is an incredible journey and a time for personal and professional growth on the path to becoming a competent physician. A positive learning and work environment is an essential component of any residency training program, and negative encounters, whether formal or informal, can take a toll on a resident's personal and professional life.

Since the creation of the RDoC Intimidation and Harassment (I&H) position paper in 1996<sup>1</sup>, medical organizations and RDoC stakeholders across Canada introduced new measures to address I&H in the postgraduate medical education (PGME) environment. These include:

- The adoption of formal policies and procedures (of varying degrees) by all Canadian faculties of medicine to address I&H.
- Recommendations by the Canadian Medical Association to address I&H to ensure physician health and well-being.<sup>2</sup>
- The development of guidelines and the inclusion of anti-I&H language in the joint accreditation standards created by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada (CFPC) and le Collège des médecins du Québec.<sup>3,4</sup>
- A province-wide public awareness campaign in Nova Scotia designating medical work environments as “bully-free”.<sup>5</sup>

RDoC applauds these efforts and will continue to work with faculties of medicine to promote and ensure a positive learning and working environment for resident doctors.

Given the significant strides taken across Canada by medical organizations and RDoC stakeholders, RDoC believes this is an appropriate time to review its position on intimidation and harassment. By updating RDoC I&H policies, we aim to enhance the work environment for residents within hospitals, faculties of medicine, and our own organization. The creation of an improved post-graduate medical education training environment will:

- Lead to greater work satisfaction, enhanced motivation, and improved learning.
- Develop well-rounded residents who are better able to meet the CanMEDS/CanMEDS-FM criteria throughout residency and into independent practice.
- Ensure that residents ultimately deliver optimal patient care.

## Background – is there a problem?

In 2003-2004, the *Happy Docs Study*, coordinated by Canadian Association of Internes and Residents (CAIR)\*, surveyed all Canadian residents outside of Quebec. Of the 2,000 respondents, 54% reported intimidation and harassment from nursing staff and 39% reported I&H from staff physicians. 66% of all intimidation and harassment was experienced in the form of inappropriate verbal comments.<sup>10</sup> From this group, 18% reported gender discrimination.<sup>10</sup>

In 2012, to help revise its I&H position paper, CAIR included intimidation and harassment questions in its 2012 CAIR National Resident Survey. The results were striking:

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\* On November 13, 2014, the Canadian Association of Internes and Residents (CAIR) changed their name to Resident Doctors of Canada (RDoC).

- 72.9% of respondents reported experiencing inappropriate behaviour from others during residency.<sup>6</sup> Half of the time, this behaviour came from attending physicians or nursing staff.<sup>6</sup>
- The most common type of harassment, was “yelling, shaming, and/or condescension by colleagues,” which occurred 26.6% of the time.
- 79% of female respondents said they would report experiencing inappropriate behaviour, but only 65.6% of male respondents indicated they would report such an experience.<sup>6</sup>
- 34% of respondents said they had no “good-workplace-environment” resources and/or were unaware of any such resources.
- 54.9% of respondents found the existing “good-workplace-environment” resources effective. Of those respondents, 37.8% cited their Program Directors as resources and 9% identified other residents or colleagues as resources.

To ensure the information gathered in the 2012 National Resident Survey was consistent with other research conducted on this issue, CAIR’s Member Outreach Committee conducted a literature search in 2012-2013 on intimidation and harassment in residency.<sup>6\*</sup>

The literature review found that 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 – however, elements of sexual harassment and gender discrimination also occurred. Sexual harassment was documented by 25-60% of residents in these studies.<sup>6</sup> The sources of these negative experiences were most often cited as staff physicians and other health care workers. Less cited sources included patients and their families.<sup>6</sup> Moreover, the literature suggests these negative encounters are more prevalent in surgical specialties. In particular, the study by Musselman et al. showed I&H acceptance as part of the “surgical culture” and that many residents therefore rationalized it as legitimate, and believed it to have a positive effect on their education.<sup>11</sup>

Two of the reviewed studies commented on the perceived root cause of poor workplace encounters in residency training. The Japanese study by Nagata-Kobayashi *et al* stated that it was due to negative traditions within existing medical culture.<sup>12</sup> The 2006 American Medical Association survey concluded that it was due to generation gaps, which created conflict and resulted in behaviours of intimidation and harassment.<sup>16</sup>

The data from this literature search prompted CAIR to include additional questions regarding inappropriate behaviour in its 2013 CAIR National Resident Survey. Respondents were asked to identify any inappropriate behaviour they had witnessed or personally experienced during residency. 76.1% of respondents identified conflict or disrespect between specialties, and 62.5% noted staff gossip and pressure to work long hours. The majority (55%) mentioned yelling, shaming, or condescension.<sup>7</sup> 16% had heard racist, sexist or homophobic remarks.

Of those who had witnessed or personally experienced negative workplace encounters, 32.3% commented that no steps were taken to address this inappropriate behaviour. When asked to clarify:

- 34.1% of the above believed reporting would not have remedied the situation<sup>7</sup>
- 21% had not done anything for fear of reprisal
- 13% identified confidentiality concerns
- 10.7% were unaware of reporting procedures<sup>7</sup>

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\* A PubMed search was performed using the key words “intimidation”, “harassment”, “inappropriate behaviour”, “abuse”, “mistreatment”, “discrimination” and “residency”. The search was limited to the English language as well as to articles published since 1996. This led to the retrieval and review of ten articles, many of which were surveys completed throughout the United States and Canada. Two articles discussed surveys from Japan and Nigeria.

## Why is addressing this necessary?

The literature review and national survey results show that I&H encounters have a negative impact on resident life, training, and performance. Affected residents face anger, isolation, self-blame, and loss of self-confidence.<sup>3,13</sup> Affected residents also risk deteriorating physical and mental health, addictive behaviours, performance decline, financial issues, isolation, and relationship concerns.<sup>9,13</sup>

From an institutional perspective (eg. organizations, hospitals, and other stakeholders) the effects of negative encounters on residents undergoing training include:

- decreased productivity and efficiency
- absenteeism
- increased error
- potential arbitration and complaints<sup>9</sup>

Further, since residents will one day assume positions of academic and clinical leadership, this issue also has the potential to impact the medical training environment.

While residents recognize the impact of negative encounters on their training environment, they often refrain from addressing these concerns for a number of reasons, including fear of:<sup>6,7</sup>

- Loss of future opportunities: references, poor evaluations, employment opportunities
- Worsening abuse
- Compromise of education
- Indifference

These perspectives, however, only perpetuate the hostile environment, and affect academic and work performance.

***Given the level of influence residency training has on a resident's personal life, RDoC believes the experience should be a positive one that leads to better overall wellness and enhance residents' ability to provide safe and effective patient care.***

## Who is responsible for ensuring a positive work environment?

An RDoC literature review showed that 50-75% of residents were aware of resources available to them, however, only 12-25% of incidents were reported.<sup>6</sup> In one survey, 50% of residents did not feel comfortable reporting these behaviours to the residency program.<sup>6</sup> Reasons stated included: the resident did not know it was an issue, they did not feel it worthwhile, or they did not feel it would accomplish anything. These perspectives only serve to make negative workplace encounters a cyclical and habitual practice.

***It is important for programs to take steps towards educating 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.***

## How can organizations ensure a positive work environment?

Programs can take steps towards promoting a better workplace environment in a number of ways. Key tasks include:

- charging residency programs with the role to inform residents of the existence of negative workplace encounters
- developing resources to prevent I&H
- encouraging programs to work through these issues via prevention, education, identification, and enforcement

Examples of helpful I&H initiatives include:

**Preventative educational initiatives:** incorporating abuse and harassment topics in formal and informal curriculums, and incorporating humanistic qualities in supervisor evaluations.<sup>14</sup>

**Behavioural initiatives:** labeling and addressing discriminatory and abusive events as well as issuing corporate policies.<sup>14</sup>

**Structural solutions:** appointing a residency ombudsperson or office to deal with these issues.<sup>14</sup>

Accreditation of post-graduate medical education (PGME) programs presents another structural solution. The Royal College of Physicians and Surgeons of Canada (RCPSC) and The College of Family Physicians of Canada (CFPC) formed I&H guidelines in 2004 clarifying that I&H is abuse and is unacceptable in any training program. I&H expectations include: <sup>4</sup>

1. Timely identification of a concern about intimidation and harassment should be the goal of all programs.
2. Trainees should be encouraged to inform their program director or university administration of problems.
3. The initial discussion must occur in a confidential setting.
4. There should be a process to clarify the facts concerning the allegation.
5. The process of clarification must occur in an atmosphere free of retribution.
6. There should be a process to address and resolve allegations in a timely manner.

To ensure that residents understand I&H and its remedies, residency programs should take it upon themselves to:

1. Educate residents about the proper procedures to follow in the event of a negative encounter.
2. Make I&H resources readily available to residents by ensuring access in a number of ways – including online.
3. Create an open environment to report such incidences.
4. Check-in with residents periodically in order to ensure this activity is not occurring.

Additionally, residents should be proactive and inform themselves about these policies in order to take the best course of action should these incidents occur.



## Additional steps to improve the workplace environment

All Provincial Housestaff Organizations (PHOs) have a non-discrimination/anti-harassment clause in their collective agreements. Each PHO has policies in place regarding negative encounters, and the procedure/protocol to follow if they occur. These processes allow for:

Initiation of a complaint ► informal resolution ► formal resolution ► report ► appeals process.<sup>9</sup>

Also, many PHOs have a ‘wellbeing director’ to whom such complaints can be directed. Some provincial-level regulatory bodies have created guidance documents on managing disruptive behaviour in the healthcare workplace.<sup>15</sup>

Other means that can help promote a better workplace environment include:<sup>9</sup>

- A commitment to zero tolerance of inappropriate behaviour
- Promise of confidentiality
- Keeping appropriate records of incidents and follow-up
- Review of policies and procedures, as change occurs over time

## RDoC Recommendations

To complement and enhance current processes, while providing greater awareness to medical students, residents, and hospital staff, RDoC offers the following recommendations:

1. Faculties of Medicine in Canada (including PGME offices and Program Directors) should 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**. The inclusion of residents from different specialties in these discussions will offer a realistic perspective, and highlight the reality that is faced and/or observed during training.
2. Faculties of Medicine should 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**. This “zero-tolerance approach” should be highlighted during new resident orientation, at departmental meetings, and again during academic days to ensure residents and faculty understand that this is policy. Negative encounters will not be tolerated. Information and resources should also be provided to residents early-on so that they know what to do and/or whom to approach should these encounters occur.
3. All PGME groups should **develop a free, open forum for resident doctors to be able to safely report inappropriate behaviours when they occur**. At the very minimum, PGME and/or medical affairs should be viewed as a source of access to all residents. Program-specific forums are also of benefit, if they can be created.
4. Administrators should **examine and address events as they arise, in a timely fashion, in order to prevent recurrence**.
5. All programs, universities, and hospitals should **update their own I&H and other workplace improvement policies and procedures regularly**, and ensure that this information is readily and universally accessible.

## Conclusion

Resident Doctors of Canada believes that residency programs should continue to focus on creating and maintaining a positive work environment for their staff physicians, residents, medical students, and all members of the healthcare team. This can be achieved by educating all stakeholders on inappropriate behaviour and how it should be addressed.

***The key to this strategy is an open and collegial atmosphere in which residents will feel comfortable broaching the topic of inappropriate behaviour in the workplace.***

Program Directors, residency training committees, program administrators, hospitals, PGME offices, resident organizations, and other residents have a shared responsibility to create and maintain safe and positive work environments.

Residency is a key transition period in medical education. Residents are physicians training to be specialists, and our shared goal should be to ensure that their potential is optimized during their time in postgraduate training. Working and learning in a positive work environment will enhance residents' wellness, their professional success and, most importantly, their ability to provide safe and effective patient care.

# Definitions of Intimidation & Harassment & Related Inappropriate Behaviour

**Bullying:** the repeated use of aggressive behaviour intended to cause fear, distress, or harm to another person's body, emotions, self-esteem or reputation. The behaviour occurs in a context where there is a social or physical power imbalance, whether real or perceived.

**Harassment:** trouble by repeated attacks. Subject to constant molesting or persecution. Repeated, often public, critical remarks or ridicule. Singling out for grilling or interrogation. Unjustified negative remarks or inappropriately positive remarks about appearance or dress. Unjust assignment of duties.<sup>4</sup>

**Intimidate:** terrify, overawe, cow, especially as to influence conduct. Force to do – or deter from – some action by threats or violence. Inspire with fear. To daunt or make afraid.<sup>4</sup>

**Intimidation:** the act of intimidating someone in order to interfere with the free exercise of political or social rights. The fact or condition of being intimidated. The use of authority to influence someone to do or refrain from an action or to do something they would not do or should not do otherwise.<sup>4</sup>

It should be recognized that intimidation and harassment does not always have to be repetitive to be significant. A single incident can have an impact.<sup>4</sup>

Thus, intimidation and harassment is defined for this purpose as any behaviour, educational process, or tradition that induces fear in a resident doctor or has a detrimental effect on the resident's learning environment.<sup>6</sup>

**Types of inappropriate behaviours that residents may face include, but are not limited to:<sup>9</sup>**

**Verbal abuse:** shouting, swearing, belittling, ignoring, ridiculing, and disparaging remarks of racial, sexist, homophobic, religious, ethnic grounds or otherwise discriminatory nature (eg. age, sexual orientation, ancestry, political belief, union affiliation, and mental or physical disability).

**Physical abuse:** Throwing objects at, pushing, punching, slapping, threatening gestures, and exposure to hazardous situations.

**Sexual abuse:** Unwelcome comments, gestures, touching or actions of a sexual nature.

**Workload-related abuse:** Contractual infraction, excessive service volume, lack of supervision, undesirable work assignments, not making allowances for illness, disability and leave.

**Reprisal** for negative feedback of staff or program or **retaliation** for having lodged a harassment or intimidation complaint.

**Educational compromise:** Graded unfairly, disallowing participation in learning experiences.

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402-222 Queen Street, Ottawa, ON K1P 5V9  
Phone: 613-234-6448 | Fax: 613-234-5292 | [info@residentdoctors.ca](mailto:info@residentdoctors.ca)

[residentdoctors.ca](http://residentdoctors.ca)