

HEALTH SCIENCES
Office of Learning Environment
and Mistreatment (OLEM)



1 Oct 2022 – 30 June 2023 Annual Report

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Preamble

The Association of American Medical Colleges (AAMC) defines mistreatment as disrespectful or unprofessional behaviour that is directed at a learner or group of learners, and which has a negative effect on the learning environment. Mistreatment may be intentional or unintentional. It may also include acts of commission or acts of omission. Mistreatment can also be the result of behaviour not directed at a learner, but which nonetheless renders the learning environment unsafe, such as an offensive statement that a learner overhears, mistreatment that a learner witnesses, or a poisoned clinical or classroom environment.

Research has repeatedly shown that mistreatment of learners is prevalent in medical education. However, while over 50% of learners will experience mistreatment during the course of their undergraduate education and / or residency, less than half of those learners will report their experiences to their program or institution.

The Office of Learning Environment and Mistreatment (OLEM) in the Faculty of Health Sciences at McMaster University was created in October of 2022 to serve as a destination for learners in UGME, PGME and PAEP who have experienced or witnessed mistreatment in a learning environment, to allow them to discuss options, disclose their experience, and explore their options. OLEM's purpose is therefore to help bridge the gap between learners' experiences and the resolution of their concerns. In so doing, we aim to help build an inclusive learning environment that reflects the vision proposed in [McMaster University's Statement on Building an Inclusive Community with a Shared Purpose](#).

Process - Anonymous vs Confidential Submission

OLEM's process begins with learners submitting a concern and ends with a resolution (Figure 1), which could include documenting and storing the concern, deciding to revisit the concern at a later date, or relaying details of the concern to a Most Responsible Person. The process will vary depending upon whether the learner has submitted the concern anonymously or confidentially.

OLEM strives to take a [trauma-informed approach](#) when managing learner mistreatment. This means collaborating with, respecting, and giving choices to learners who come forward with concerns about their learning environment. Perhaps most importantly, OLEM's process is intended to minimize the re-telling and re-living of difficult experiences.

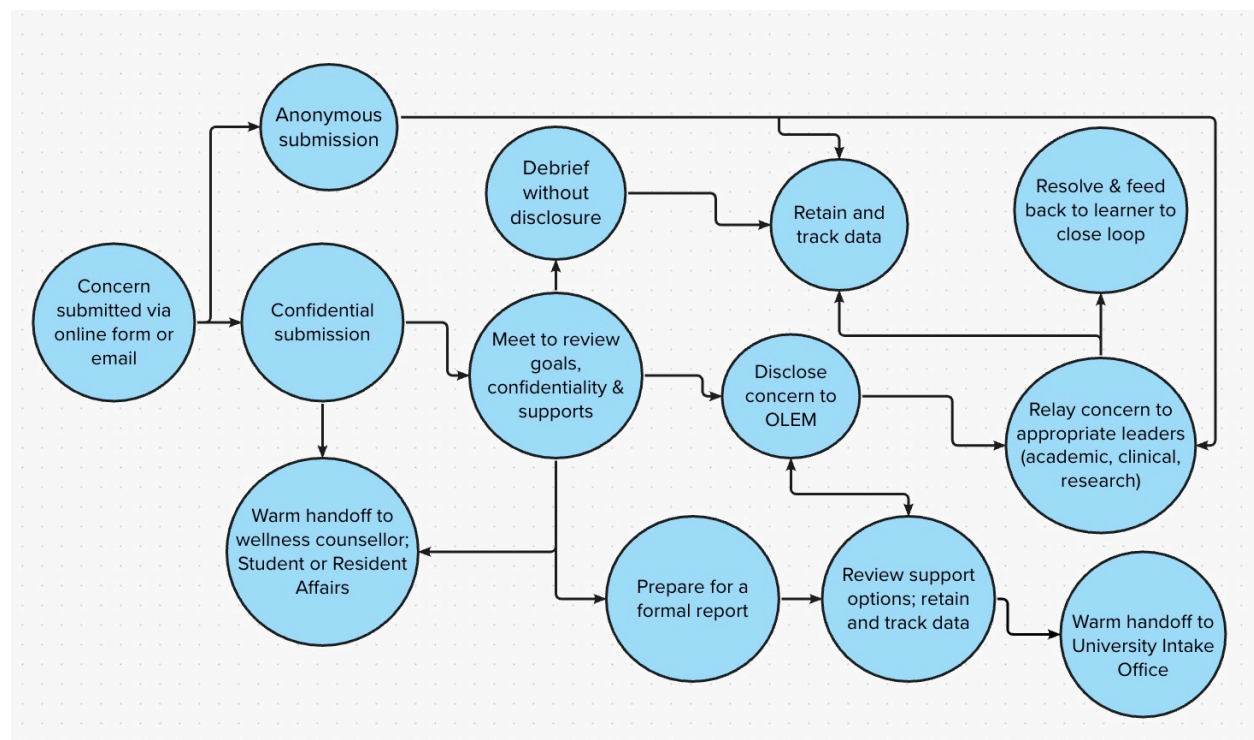


Figure 1

Confidential Concern

Step 1 Learner submits concern via an online form (either through the dedicated URL or via the OLEM website) or by email to olem@mcmaster.ca. Learners submitting confidentially are invited to enter their email address or phone number if they would like to discuss the concern further.

- Step 2 OLEM meets with the learner to allow them to debrief, disclose, or prepare to file a report with a university intake office. At this point, OLEM discusses confidentiality with the learner, as well as reviewing appropriate supports for the learner, reviewing the information that the learner has already submitted, and to ascertain the learner's desired outcomes. Should the case meet the threshold at which OLEM would be required to report the incident to the Equity and Inclusion Office or the Sexual Violence Prevention and Response Office, appropriate steps will be taken at this time.¹
- Step 3 OLEM collaborates with the learner to determine the best steps to towards resolving the concern, including, but not limited to, sending an anonymized letter to the respondent's supervisor, as well as the respective program director and / or Faculty of Health Sciences leadership.
- Step 4 OLEM receives confirmation from the Most Responsible Person that the concern has been addressed and follows up with the learner to "close the loop," unless the learner has indicated that they do not want to be informed.

Anonymous Concern

- Step 1 Learner submits concern via our online form (either through the dedicated URL or via the OLEM website), selecting the option to submit anonymously. The anonymous version of the form does not have a space for the learner's email address or any other contact information. The form includes wording encouraging learners to consider submitting confidentially, so that OLEM can contact them with questions or to provide resources and information.
- Step 2 OLEM representatives meet to discuss the details submitted, and to determine next steps. If it determined that the case meets the threshold requiring it to be reported to the Equity and Inclusion Office

¹ Exceptions to confidentiality may arise if – as members of the McMaster University community as defined under the Harassment & Discrimination Policy and the Sexual Violence Policy – we become aware of concerns that are egregious, pose imminent safety concerns, and/or are required to be reported as the above-mentioned policies dictate, or as another college mandates. In the event that a breach of confidentiality is required, OLEM will bring the concern in question to the appropriate leadership, such as the UG Dean, PG Dean and PA Dean, departmental leadership (e.g., Chair) and/or hospital leadership (e.g., Chief of Practice). The learner will be informed, supported, and kept as anonymous as possible through the entire process. In communicating concerns, OLEM will only disclose what is minimally required and do everything possible to keep the learner unidentifiable and protected.

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or the Sexual Violence Prevention and Response Office, appropriate steps will be taken at this time.

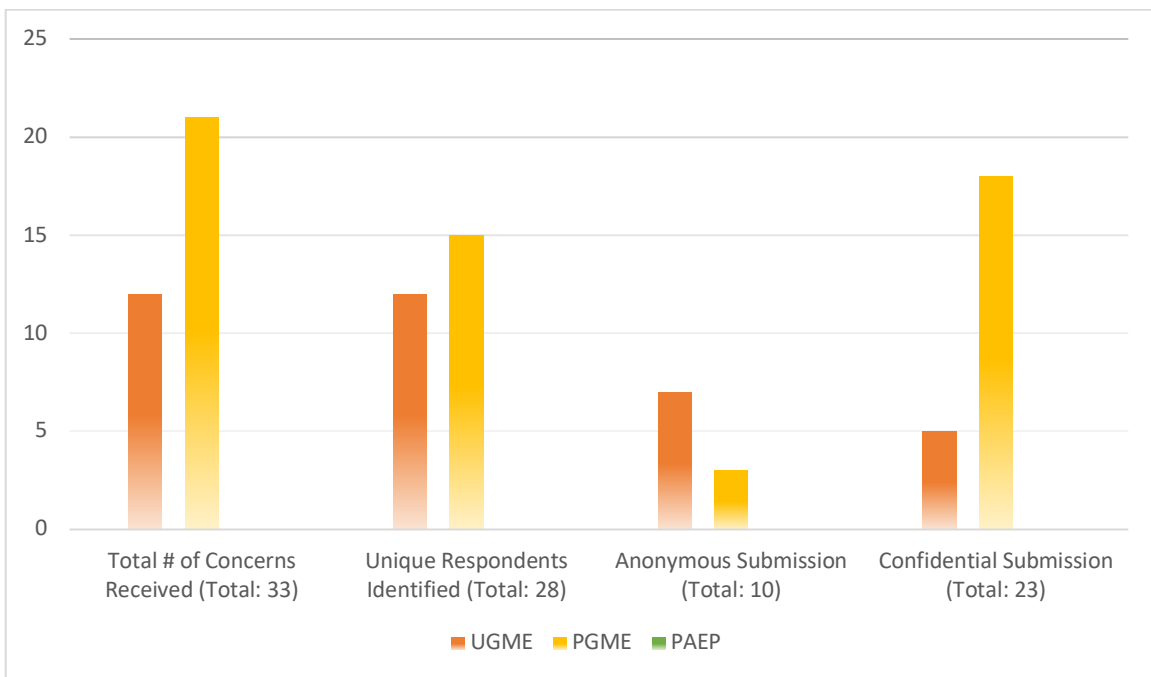
Step 3 OLEM will decide to either retain the concern for the sake of tracking data, or they could take further action, including, but not limited to, relaying the concern to appropriate leadership (academic, clinical, research).

OLEM Data: Anonymous vs. Confidential Submissions

From its inception in 2022 to 30 June 2023, OLEM received a total of 33 individual concerns. The 33 concerns submitted were related to 33 unique instances of mistreatment, with 27 individual respondents identified.

21 of the individual concerns were from PGME learners; they described 21 unique instances of mistreatment. UGME learners submitted 12 concerns, each of which described a unique instance of mistreatment. OLEM received no concerns from PAEP learners.²

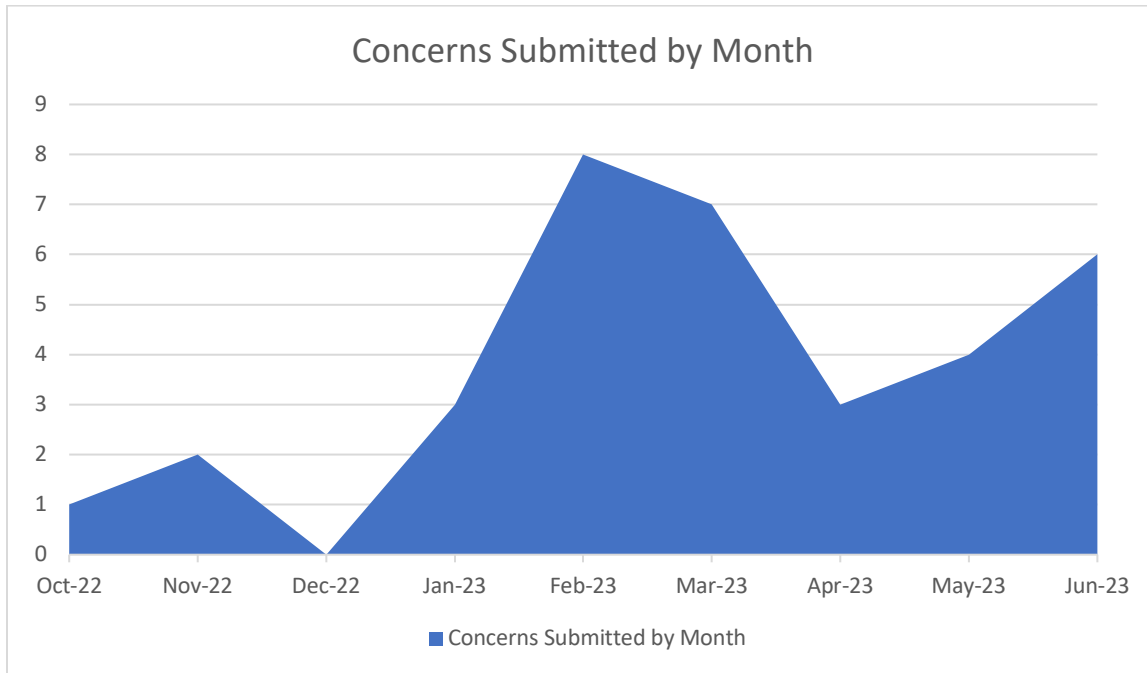
10 learners opted to submit their concerns anonymously – 7 from UGME and 3 from PGME. 22 learners submitted confidentially – 5 from UGME and 18 from PGME.



² This should not suggest that learners in PAEP do not or have not experienced mistreatment.

Number of Concerns Submitted – Month to Month

Based on input from similar offices at other medical schools, OLEM initially anticipated receiving around 20 concerns in its first year. Instead, despite some fluctuation in reporting (illustrated in the chart below), OLEM received 33 concerns in its first 8 months.



Forms of Mistreatment Reported to OLEM

OLEM defines concerns using 5 categories:³

- General Mistreatment
- Sexual Mistreatment
- Mistreatment involving racist, xenophobic and/or anti-Indigenous language or behaviour
- Sexual Orientation/Gender Identity Mistreatment
- Ableist Mistreatment

OLEM Data: Sorted by Type of Mistreatment

OLEM categorized the majority of concerns (20) submitted to the office as **General Mistreatment**. The next most common form of mistreatment was **Sexual Mistreatment**, with 5 incidents. There were 3 concerns **involving racist, xenophobic, and / or anti-Indigenous language or behaviour**, and 2 concerns of mistreatment based on **gender and / or sexuality**. OLEM received 4 concerns where it was unclear or unknown which category the mistreatment fell under, and no concerns related to **ableist mistreatment**. The chart below illustrates how the concerns were divided between UGME and PGME.

³ **General Mistreatment** refers to public humiliation, disrespectful behavior, threatening harm, physical harm or inappropriate favours.

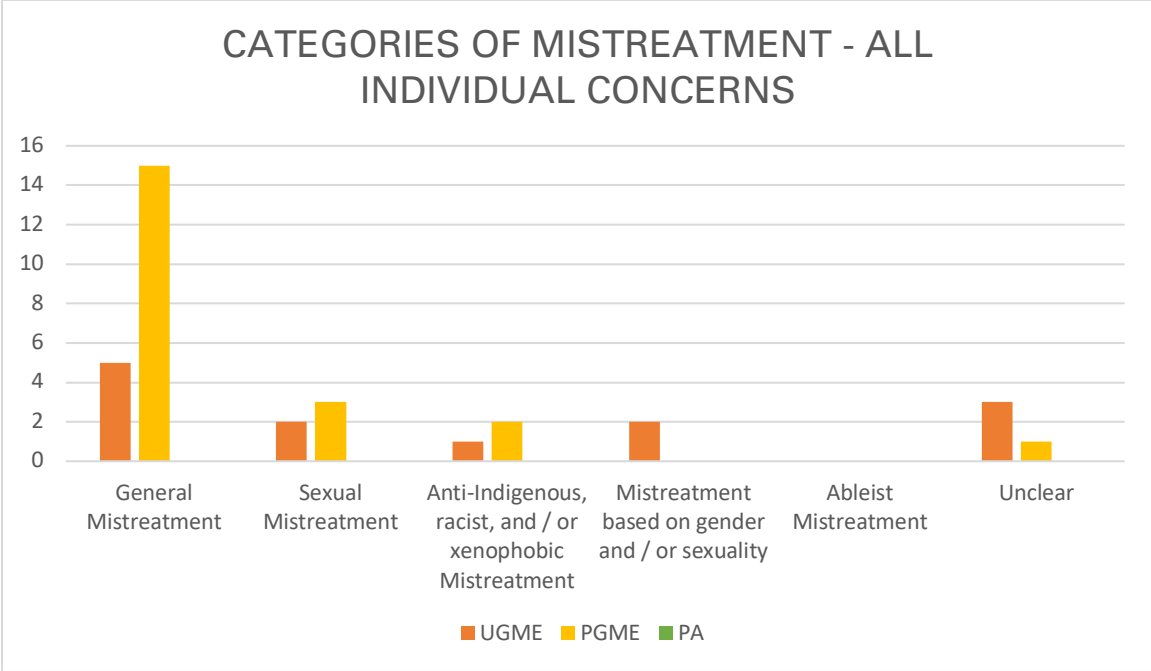
Sexual Mistreatment refers to a range of behaviours, including but not limited to sexist remarks/assumptions, denied opportunities, unwanted sexual touch to rape or soliciting, coercing, and or requesting sexual acts in exchange for opportunities to advance professionally.

Mistreatment involving racist, xenophobic and/or anti-Indigenous language or behaviour refers to denied opportunities, subjection to offensive terms/names, lower evaluation or offensive remarks about religion, culture, and / or Indigeneity.

Sexual Orientation/Gender Identity Mistreatment refers to denied opportunities, subjection to offensive terms/names, lower evaluation or offensive remarks about sexual orientation and / or gender identity.

Ableist Mistreatment refers to denied opportunities, subjection to offensive terms/names, lower evaluation or offensive remarks about physical or psychological and, visible and invisible disabilities.

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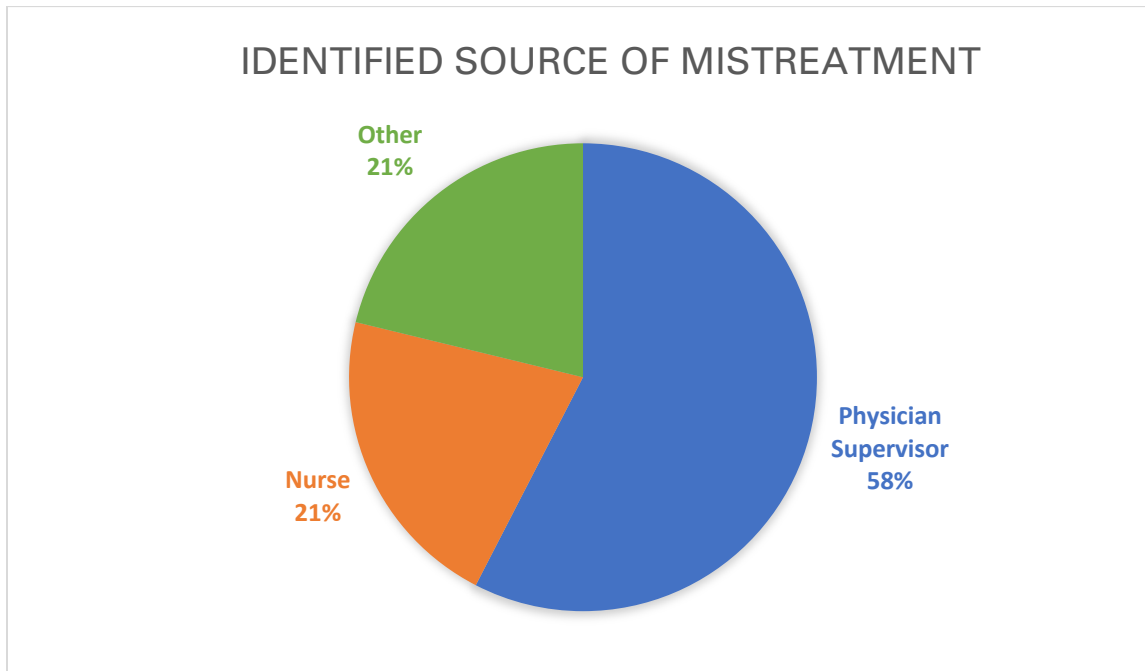


Position of Respondent

OLEM accepts concerns from learners who have been mistreated by people in a wide range of positions and roles, including a physician supervisor, a non-faculty physician, a faculty member who is posted outside of the Faculty of Health Sciences, a non-physician hospital employee, or a fellow-learner.

OLEM Data: Sorted by Position of Respondent

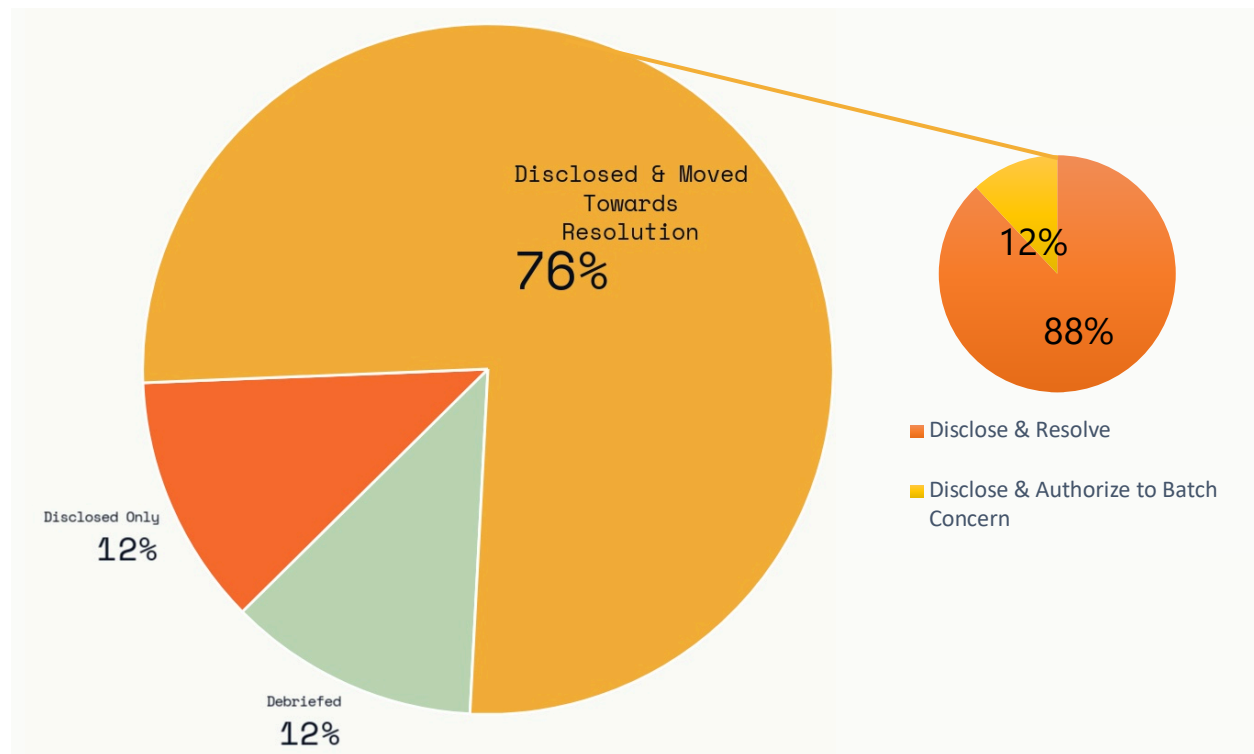
Most learners who submitted concerns recounted being mistreated by a physician supervisor (19 concerns). 7 learners were mistreated by a nurse, with the remaining 7 instances of mistreatment being caused by respondents whom we have classified as Other.⁴



⁴ We've grouped multiple respondent positions like this and combined concerns from all programs to help protect complainants' identities.

Resolving Concerns

OLEM received 33 completed concerns, which we define as instances where we were able to engage a learner in a back-and-forth (either over email or in a meeting), after they approached OLEM with a concern about learner mistreatment. 4 of these involved discussing options with OLEM related to a concern, 3 of which where the learner wished to take **no further action**, and 1 of which OLEM **referred to another office**. In 25 of the cases, the learner made a disclosure, meaning that they shared specifics about a concern, and then opted to have OLEM **take steps towards resolution**. In 3 of these cases, the learner asked that we only take action on their concern if it could be **batched with any concerns about the same respondent and / or incident that are submitted later**. The learner agreed to OLEM seeking **immediately resolution** in the remaining 22 cases where OLEM was moving towards resolution. In the remaining 4 cases, the learner disclosed specifics about their experience to OLEM, and then chose to have the office retain details of the case with no further action planned.



Looking Ahead

Taking Steps to Increase Rates of Reporting

We are heartened by the frequency with which learners have been accessing OLEM. Nevertheless, we know that all experiences of mistreatment are not being reported. Recent literature shows that there are myriad barriers to reporting mistreatment in medical education:

- Learners often don't know what resources are available.
- They fear repercussions and the potential impact that reporting will have on how their performance is evaluated.
- They're worried about confidentiality.
- They're skeptical whether the university will act when notified of mistreatment in the learning environment.
- They've heard from other learners that raising concerns doesn't lead to change or that it was a negative experience for them.
- They blame themselves.
- They're unsure whether what they experienced qualifies as mistreatment.
- Mistreatment has been normalized as part of the culture of medical education.

Plans to Increase and Improve Reporting

- Continue developing reporting and resolution processes that address and mitigate factors that hinder learners from submitting concerns (e.g. clarifying how OLEM protects learners; seeking resolution in ways that don't harm learners' relationship with supervisors, fellow-learners, etc.; exploring technologies for enabling learners to submit anonymously while also allowing OLEM to communicate with them).
- OLEM has circulated a survey to learners who have submitted concerns and will continue learning from such feedback
- OLEM will continue learning the best ways to advertise the office and its services to learners, through social media, in-person and virtual presentations; promotional materials (e.g. we have distributed branded lip balm)
- OLEM will continue developing comprehensive policies for confidentiality and privacy so that how OLEM operates is transparent to learners, thereby establishing confidence and trust in the office

Fulfilling our Mandate to Help Create Positive Learning Environments

OLEM is pursuing additional initiatives that are aimed at promoting safe and inclusive learning environments for UGME, PGME, and PAEP learners. For instance, we are currently developing an accolades program, whereby learners will be invited to nominate faculty, non-faculty physicians, administrators, fellow-learners, etc., whom they feel deserve recognition as

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“learning environment champions.” Recipients of these accolades will receive a letter and a recognition pin from the learner’s program. This, as well as other such initiatives, will highlight that OLEM is working to promote a strong community between learners and their colleagues, rather than to simply call out inappropriate behaviour.

OLEM has plans to collaborate and network with other offices, such as Student Affairs, Resident Affairs, EIO, and SVPRO, with a focus on how the offices can collaborate while also maintaining confidentiality and separation of offices. OLEM’s officers will be receiving training in Restorative Justice practices and learning more about how EIO and SVPRO triage cases in accordance with McMaster’s policies on Harassment and Discrimination, and Sexual Violence.

Finally, we will take measures to increase awareness amongst leadership about how the office operates.