



**2020–2021**  
**Annual Learner**  
**Experience Report**  
Executive Summary

## Executive Summary

---

The Learner Experience Office (LEO) was established in May 2020 to support learners who witness or experience mistreatment by creating a safe and non-evaluative space for them to *discuss, disclose, or report*. This is a response to data from the “Voices” surveys of medical trainees in the Temerty Faculty of Medicine, which endeavors to understand the experiences of learners. These surveys have provided invaluable insight into learning environments within the university and its affiliated hospitals. This data will continue to guide efforts under this portfolio. The 2021 “Voices” surveys revealed that over the prior academic year:

- 44% of medical students, 38% of residents, and 35% of clinical fellows said they experienced discrimination at least once
- 25% of medical students, 38% of residents, and 25% of clinical fellows said they experienced harassment at least once
- Values were comparable to findings from the 2019 iteration of the surveys
- 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 included disrespectful conduct, public humiliation, offensive sexist remarks, bullying, and outbursts of anger

We know from our data and the literature 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.

The Temerty Faculty of Medicine uses the Association of American Medical Colleges' Definition for mistreatment: *intentional or unintentional behaviours that show disrespect for the dignity of others*. This is further categorized as unprofessional behaviour, discrimination and discriminatory harassment and sexual harassment or violence. This framework is informed by other foundational policies and procedures from University of Toronto, CPSO, CMPA, and the Ontario Human Rights Code, and it aims to create a shared language and approach for managing disclosures of mistreatment.

### Learner Mistreatment Pathways

Our guidelines distinguish between [discussing, disclosing, and reporting](#). Learners decide whether to disclose or to report, unless Temerty Medicine and/or an affiliated health care institution is required to act, due to health or safety concerns, or as required by law or university regulation. We use trauma-informed approaches that center the goals, agency, and voice of the learner as much as possible. LEO helps learners understand their options and navigate processes.

LEO also offers support and resources to education leaders who may receive disclosures and are asked by learners to take action on the disclosure within their local contexts. Our goal in supporting leaders is to ensure consistency, fairness and equitable access to support.

We have worked with a variety of portfolios within Temerty Medicine, the university, and the community over the prior academic year, including the Office of Inclusion and Diversity, OHPSA and PG Wellness, U of T's Sexual Violence Prevention & Support Centre, U of T's equity offices, and PARO.

## Learner Experience Office Activities for 2020–2021

Between May 1, 2020 and June 30, 2021, LEO processed 124 learner concerns. More MD program learners (79) came forward than PGME learners (45), which likely reflects the different timelines that guidelines were approved for the MD Program (March 2020) and PGME (January 2021) with webpages subsequently launched.

The most common respondent type was faculty members. Although not all of the potential review and resolution mechanisms in our [Guidelines](#) were utilized over the prior academic year, they remain possibilities for the future. Over the past year, awareness-building (or expectation-setting) conversations were a commonly used resolution mechanism. 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. These conversations emphasize a human rights framework in which **impact is privileged over intent** and, significantly, these conversations (and associated documentation) also help establish a starting point in which persistent behaviours can be addressed with progressive education or disciplinary actions through an escalation in consequences.

## Systems-Level Activities

In 2020–21, we designed and implemented **new guidelines** for managing disclosures of learner mistreatment for both the MD Program and PGME. On the basis of these, we created new **learner-facing webpages**. We are developing a **secure electronic case management system** to build a sustainable system for managing mistreatment concerns and creating institutional memory. In 2021–22 we will deploy a **new web-based program evaluation tool** to allow learners who interact with our office to provide anonymous feedback that will help us improve our processes.

We observed that international medical graduate learners and internationally-funded trainees face distinct barriers. To improve supports for these groups, an advisory group conducted an environmental scan and literature review to inform future Temerty Medicine efforts. Learner-to-learner mistreatment comprises approximately 20% of mistreatment concerns and warrants special consideration. Our Learner-to-Learner Mistreatment Working Group created an infographic for MD Program and PGME learners to help raise awareness about this form of mistreatment, the LEO, and available supports and resources.

## Education

In 2020-21, presentations about learner mistreatment and our revised processes were delivered to learners as well as a variety of hospital and education leaders. Other portfolios also participated in activities to support education and awareness-building including the Office of Inclusion and Diversity (OID), Center for Faculty Development (CFD) and the Professional Values Portfolio.

In conclusion, we have a strong institutional commitment to create transformative culture change. Together, we can construct learning environments that celebrate our individual and shared humanity and ensure that ***We All Belong***.

