



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty
Medicine

2023–2024 Annual Learner Experience Report



Dear Temerty Medicine Colleagues,

Enclosed please find the 2023 –24 Annual Learner Experience Report for your review. As has historically been our practice, we share with you details of our day to day activities in the Learner Experience Unit (LEU); systems-level initiatives undertaken to build on our pathways for learners to discuss, disclose, or report witnessed or experienced mistreatment; feedback we have received anonymously from learners through our program evaluation; collaborations with other portfolios; and our anticipated next steps.

Since its inception in May 2020, our portfolio has been inspired by the work being done by learners, faculty, and staff across clinical departments, health professions, and Temerty-affiliated placement sites, to promote a positive learning and working environment that will enable everyone to feel like they belong and to put their best foot forward in the service of patient care.

When community members fall short in meeting our collective responsibilities and expectations, it is critical that learners have avenues to come forward to share their concerns and access support. The response to those concerns must be fair, accountable, empathetic, and respectful. These are essential ingredients for cultivating a growth mindset and for advancing the mission of higher education. We thank you for being part of these critical efforts.

Sincerely,

Patricia Houston, MD, MEd, FRCPC
Vice Dean, Medical Education
Temerty Faculty of Medicine

Tony Pignatiello, MD, FRCPC
Associate Dean, Learner Affairs
Temerty Faculty of Medicine

Reena Pattani, MDCM, MPH, FRCPC
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Acknowledgements

We wish to acknowledge all the learners, faculty, and staff, who have contributed directly to advancing the Learner Experience portfolio at Temerty Medicine. It would be impossible to name everyone, though we do want to recognize the members of the Learner Experience Advisory Council 2023 –24 including:

Caroline Abrahams, Najma Ahmed, Army Alam, Hadeel Aljazzaf, Aritra (Aro) Bhattacharjee, Ashna Bowry, Justin Boyle, Leora Branfield-Day, Pier Bryden, Nader Chaya, Katrina Chu, Naomi Davids-Brumer, Victor Do, Samik Doshi, Lina Elfaki, Heather Flett, Meredith Giuliani, Parnika Godkhindi, Ritika Goel, Amr Hamour, Nadia Incardona, Katerina Jabbour, Melissa Kennedy-Hynes, Brittany Imasuen, Chetana Kulkarni, Arno Kumagai, Justin Lam, Jana Lazor, Maria Leis, Cillian Lineen, Darby Little, Brooke Mackenzie, Julie Maggi, Areej Mahjoub, Safa Majeed, Talveer Mandur, Rosemary Martino, Sarah McClennan, Nadia McLaren, Anne McLeod, Chase McMurren, Brenda Mori, Nessa Natareno, James Owen, Meeta Patel, Mital Patel, Reena Pattani, Rick Penciner, Jerusha Retnakanthan, Tony Pignatiello, Lyon Qiao, Seetha Radhakrishnan, Hayeong Rho, David Rojas, Hammad Shahid, Parth Sharma, Lorraine Sheffield, Paul Tonin, Kabisha Velauthapillai, Misha Virdee, Jennifer Wallace, Jane Wang

We also want to thank individuals who made contributions to or reviewed this report: Caroline Abrahams, Alexander Bailey, Lindsay Baker, Mark Bennett, Pier Bryden, Allison Burgess, Katrina Chu, Alison Freeland, Margit Gill, Meredith Giuliani, Jodie Glean, Erin Howe, Brittany Imasuen, Saba Khan, Marcus Law, Joseph Marcus, Liam Mitchell, Brenda Mori, Kendra Naidoo, Prem Nichani, Latika Nirula, Meeta Patel, Linda Quattrin, Jerusha Retnakanthan, Lisa Richardson, David Rojas, Paul Tonin, and Sophie Wagner.



Background

The Learner Experience Unit (LEU) was founded in May 2020 as a resource for medical students, residents, and clinical fellows who witnessed or experienced mistreatment. This was identified as a priority based on learner feedback through the biennial “Voices” surveys, as well as wide consultation involving learners, faculty, and staff.

In partnership with learners, the LEU has achieved the following outcomes over the past four years:

1. Developed and revised [Guidelines for managing disclosures of learner mistreatment](#) within Temerty Medicine, most recently in November 2023;
2. Created [webpages](#) that break down these disclosure guidelines into a user-friendly format;
3. Created an online disclosure form where learners can submit concerns in an anonymous, deidentified, or identified manner, in keeping with recommendations from the [Canadian Federation of Medical Students](#);
4. Developed a broad education and communications strategy to reach out to the approximately 5,500 learners whom we serve and to ensure that university and hospital leaders are aware of these new pathways for [discussing, disclosing, and reporting](#);
5. Expanded to cover additional clinical learners within Temerty Medicine beyond MD and Postgraduate Medical Education (PGME), including Medical Radiation Sciences (MRS), Occupational Science and Occupational Therapy (OSOT), Physician Assistant (PA), Physical Therapy (PT), and Speech Language Pathology (SLP), effective Fall 2023.

We have emphasized trauma-informed and Equity, Diversity, Inclusion, Indigeneity, and Accessibility (EDIIA)-informed approaches to responding to disclosures of mistreatment that explicitly frame mistreatment as resulting from power asymmetries. As a unit within the Office of Learner Affairs (OLA), the LEU upholds the vision of OLA to “*work with learners, at individual and systems levels, to optimize the learning environment and experience, and enable their development into accomplished health care professionals.*”

The LEU team includes Meeta Patel (Assistant Director, Learner Experience); Marina Mammon, Saunia Palmer-Nelson, and Casey Schapel (Learner Life Specialists in the Office of Learner Affairs), who spend part of their time supporting learners in navigating mistreatment processes; and Lorraine Sheffield (Administrative Coordinator for LEU), who supports learners in getting connected with our unit. We support learners at both the St. George Campus and the Mississauga Academy of Medicine, and we look forward to also having a presence at the forthcoming Scarborough Academy of Medicine and Integrated Health (SAMIH). The LEU was also honoured to partner with the Office of Indigenous Health, starting in December 2023, to ensure that a member of their team, Lindsey Fechtig (Manager, [Office of Indigenous Health](#)) can also serve as a LEU case manager for Indigenous learners, at their request.

We also want to give our ongoing thanks to all the frontline faculty and learners who witness mistreatment or receive a disclosure about mistreatment from a learner and who step up, provide support, and refer learners to the LEU or consult our unit. This has enabled shared expectations and consistent approaches to how disclosures of learner mistreatment are managed across the institution(s).

Learner Experience Unit Activities

Over the reporting period (July 1, 2023 – June 30, 2024), the LEU managed 110 cases that were carried over from the prior academic year, processed 457 new learner concerns (an almost 3x increase from prior years), and closed 321 files, across the health professions including MD Program, PGME, MRS, OSOT, PA, PT, and SLP programs.

Files that were carried over from the prior academic year resulted from learners weighing their options or reports being under review / investigation. Of the 457 new submissions, we received 43 new reports, 274 new online anonymous reports, and 140 new discussions / disclosures.

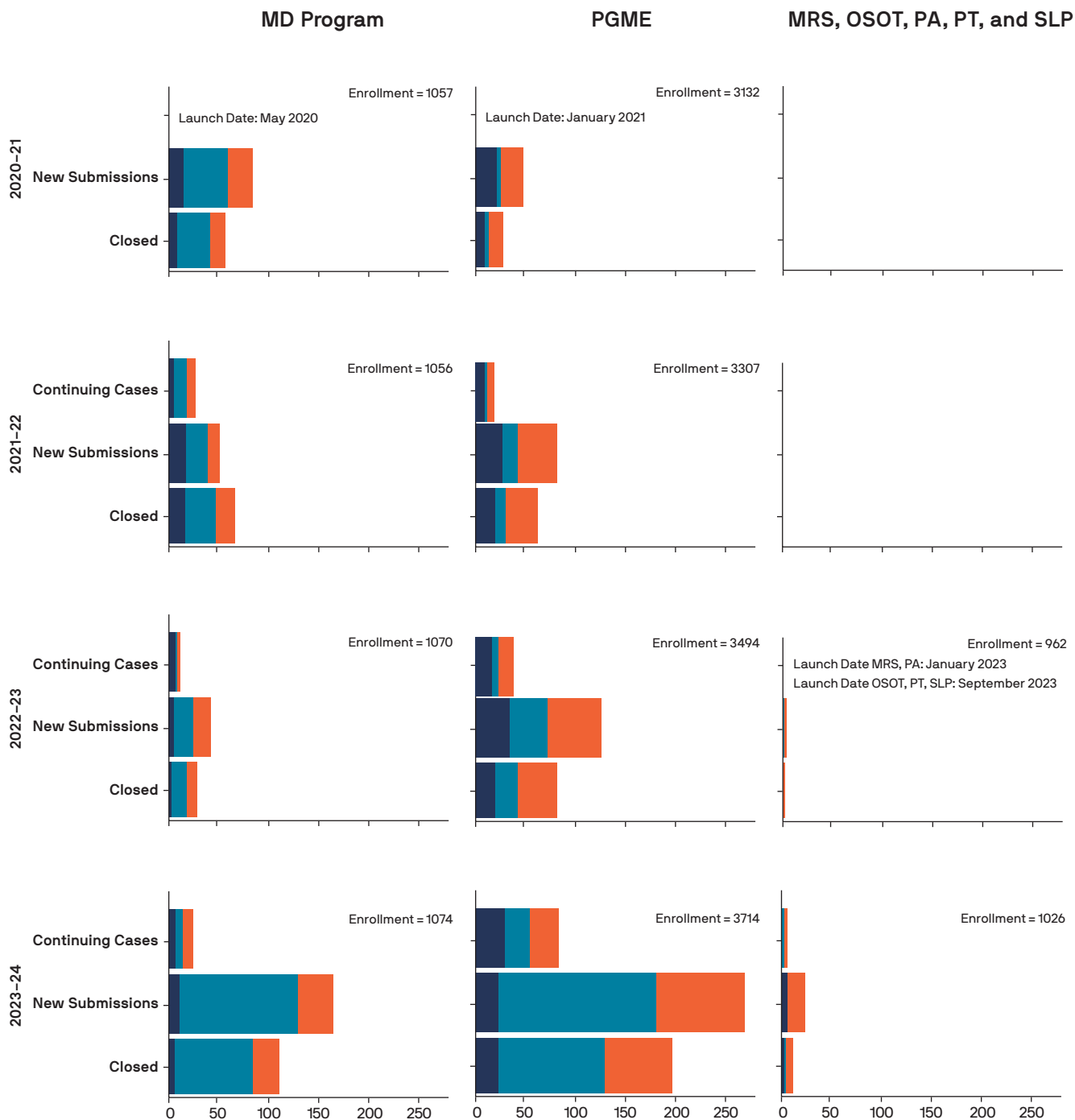
Figure 1 provides an overview of the volumes seen in the unit, with data from prior academic years shared for comparison. By way of reminder the distinctions between [discussing](#), [disclosing](#), or [reporting](#) are as follows:

- **Discussing:** when a learner aims to talk about, debrief, or unpack an incident or experience.
- **Disclosing:** when a learner conveys information about the conduct of an individual to seek information about their options, including for safety, support, or alternative administrative arrangements.
- **Reporting:** when information about an individual's conduct is conveyed with the intent of initiating a formal process under this Guideline or other applicable policy/protocol.

Figure 1: Learner mistreatment reports, online anonymous reports, disclosures, and discussions for critical incidents submitted from July 1, 2023 – June 30, 2024; prior academic years shared for comparison.

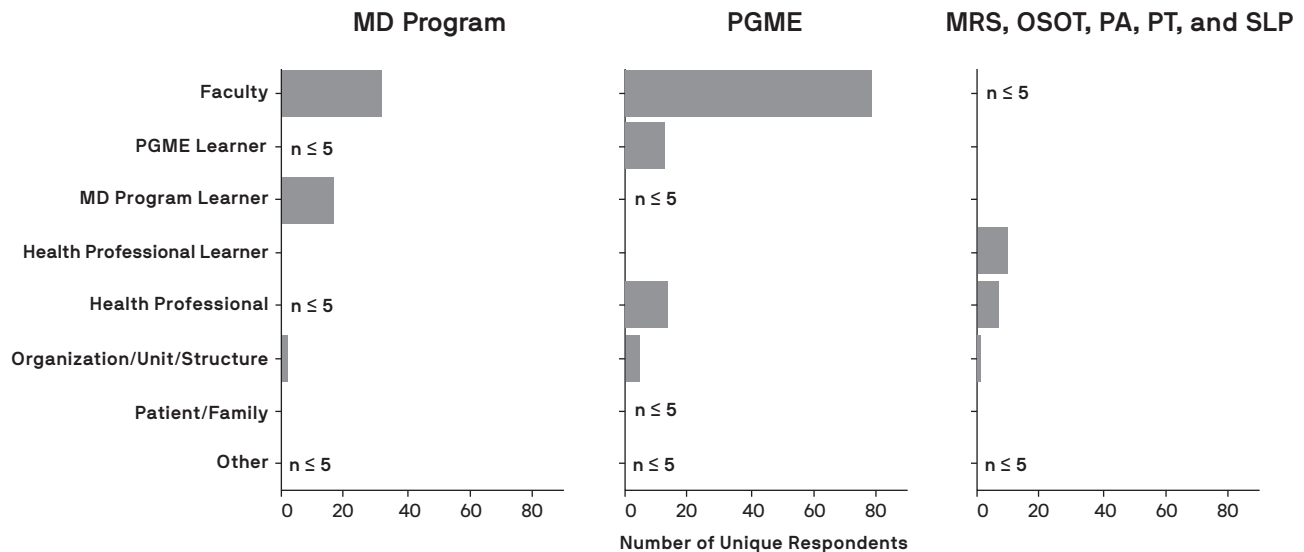
Learner Goal

- Reports
- Online Anonymous Report
- Disclosures/Discussions



¹ NB: LEU expanded to support Medical Radiation Sciences, Occupational Science and Occupational Therapy, Physician Assistant, Physiotherapy, and Speech Language Pathology, effective Fall 2023.

Figure 2b: Number of unique respondents named for the period July 1, 2023 – June 30, 2024.



Over the prior academic year, the LEU received an increase in discussions, disclosures, reports, and online anonymous reports, particularly in relation to social media activity. The impact of the events of the past approximately 18 months in Israel, Gaza, and surrounding regions on Temerty Medicine community members has been significant and echoes experiences at many other universities and colleges, with descriptions of those events, particularly on social media, often contributing to further grief, distress, and pain.

The LEU received 218 online anonymous reports claiming discriminatory or unprofessional behaviour from individual faculty or learner respondents, or from the “Organization/Unit/Structure” related to these events. In submissions related to the respondent type “Organization/Unit/Structure”, learners described that:

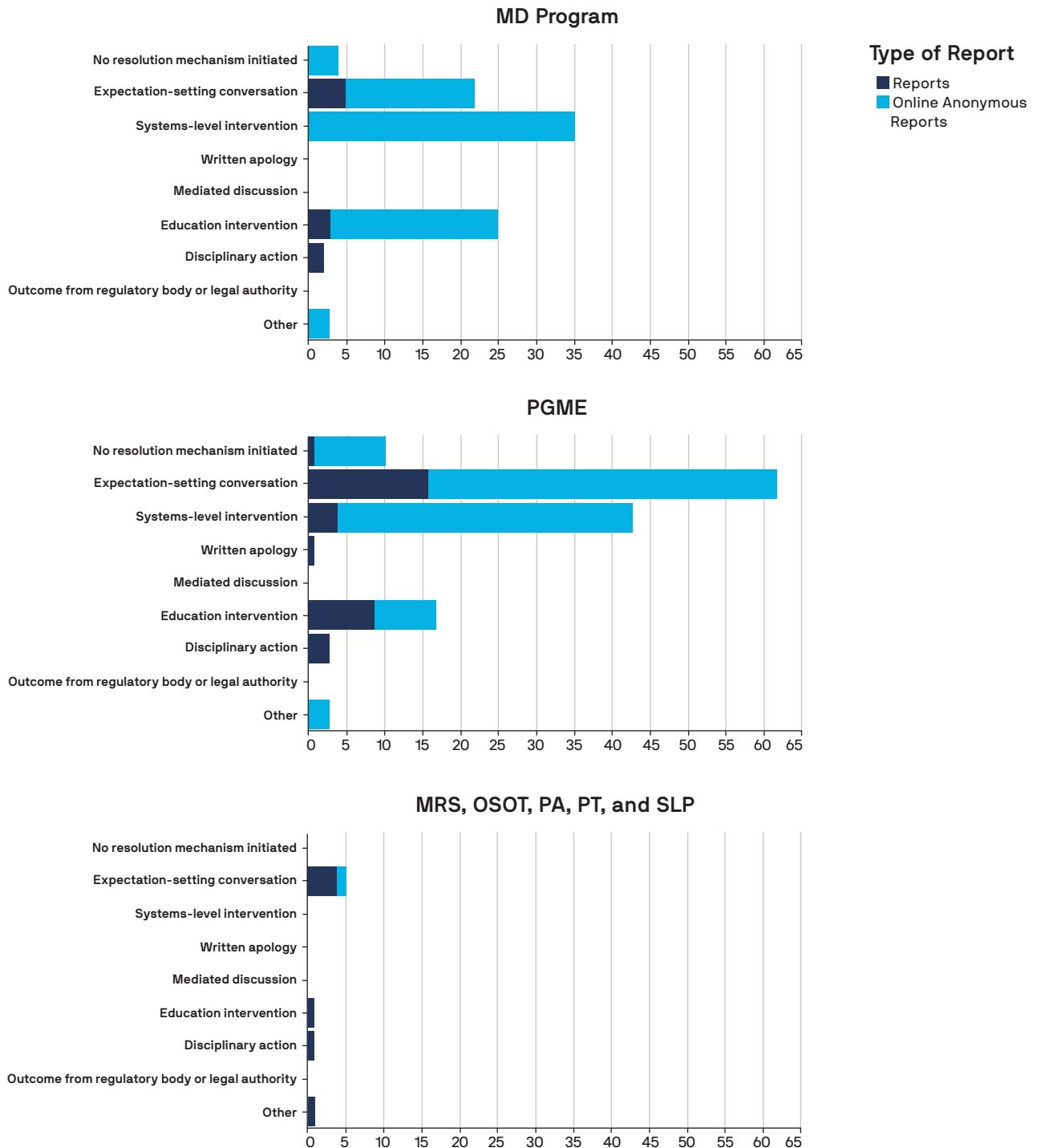
- There was an inadequate response by the Organization/Unit/Structure to address the perceived harmful behaviours
- The environment was enabling harmful behaviours to occur or persist.

Additional areas of concern reported by learners related to: a lack of freedom of expression, institutional messaging that was viewed as one-sided, and the impact of problematic social media use on the clinical learning environment.

As noted in prior annual reports, the LEU does not investigate or adjudicate concerns, instead the team supports learners in navigating their options. For learners wishing to report, the LEU escalates reports to the institutional leader best positioned to review and address concerns, and the accountable institutional leader must in turn close the loop with the LEU once matters are resolved.

Figure 3 identifies the resolution mechanisms that were triggered in response to reports and online anonymous reports over the prior academic year and submitted by accountable institutional leaders to LEU. Outcomes ranged from expectation-setting conversations, education interventions (including but not limited to coaching and remediation), or disciplinary interventions (including but not limited to temporary or permanent removal of learners from supervision; temporary or permanent removal from a teaching or leadership role; surrender or revocation of hospital privileges and/or university appointment).

Figure 3: Review Outcomes and Resolutions for concerns closed during the reporting year (July 1, 2023 – June 30, 2024).



LEU has also supported education leaders in Departments and Clinical Placement Sites in clarifying the mistreatment guidelines when they are reviewing and addressing concerns in their local context. Over the reporting period, the LEU documented 21 such consultations.

Systems Level Activities

Over the 2023 –24 academic year, the LEU has advanced a range of systems-level activities to increase the transparency, accountability, quality, and visibility of the unit. Below are examples of some of the initiatives that have been initiated or further developed to iteratively refine existing processes.

1. Promoting the Revised Universal Learner Mistreatment Guideline

In preparation for the expansion of the LEU to support all Temerty Medicine health professions effective Fall 2023, the LEU led efforts to develop a consolidated Universal Learner Mistreatment Guideline that accounts for the various training contexts in which Temerty Medicine learners contribute and engage.

Many individuals [named in last year's annual report](#) contributed to the initial MD Student Mistreatment Protocol, and the subsequent PGME Guidelines for Managing Learner Mistreatment, which have now been superseded by the new Universal Guideline. As previously noted, those versions were informed by feedback from learners, clinical programs, the Hospital University Education Council (HUEC), equity and diversity leads, and legal experts. Input from these various groups was solicited using a feedback form created based on the [Racial Equity Impact Assessment Tool](#).

With the launch of the new [Universal Learner Mistreatment Guideline](#), the LEU undertook substantial outreach to socialize learners, education leaders, as well as frontline faculty and supervisors about the LEU's expanded scope. This included presenting to the Rehabilitation Science Sector Clinical Education Committee, which engages multiple frontline supervisors, including community-based supervisors without a formal faculty appointment who are nonetheless contributing to the educational mission of the University.

The Universal Guideline will continue to be revisited approximately every three years, with consultations undertaken as needed.

2. Leveraging the Electronic Case Management System

The LEU data management system and processes have proven essential in the ability of Temerty Medicine to track and respond to concerns brought forward by learners. This has taken over two years of iterative development in which LEU partnered with data experts and IT experts to create a secure electronic case management system (ECMS) that enables accountability at an individual and institutional level. The ECMS can be accessed only by the LEU team and is distinct from other institutional databases. This marks a significant strength and innovation within the LEU, and continued resourcing will be needed to ensure that it remains available and adaptable to meet future challenges. The ability to confidentially and securely record files managed by LEU also enables Temerty Medicine to triangulate data and identify themes as well as areas of opportunity.

The LEU thanks Caroline Abrahams (Director, Administrative Services & Strategy, PGME), Katrina Chu (Project Co-ordinator, Data and Analytics), and Katherine McConnell (Portfolio Manager, Administrative Services, MedIT), who continue to provide leadership and innovation related to secure data storage and management.

3. Continuing Efforts re: Faculty Development

The LEAC Faculty Development Working Group led by Jana Lazor (Director of Faculty Development, MD Program) and Justin Lam (alumnus from the Department of Pediatrics, Residency Training Program) previously designed and implemented a [Primer for learner-facing teachers](#). The goal of the Primer is to assist front-line faculty and senior learners to provide support if they witness mistreatment or receive a disclosure from a learner about mistreatment. With thanks to working group members who were [named in last year's report](#). Over the past academic year, the Working Group has advanced a Video Project to bring the pearls contained in the Primer to life through the use of multimedia. The Working Group plans to move this project into production over 2025, and Julianah Oguntala (Resident, Department of Medicine) will take over as co-chair from Justin Lam. We thank Justin for his contributions and welcome Julianah into this leadership role.

4. Addressing Learner to Learner Mistreatment

Building on work that started in 2022 on Learner-to-Learner mistreatment, Meeta Patel (Assistant Director, Learner Experience) has created a workshop titled: “Conflict Management in the Learning Environment: A Workshop on Effective Conversations”. In this 90 minute interactive workshop, learners are exposed to ideas about how conflicts arise and manifest in the learning environment between learners as well as essential components of an effective conversation. They are given the opportunity to apply skills that they learn in the session through role play between peers, with the goal of improved collaboration.

This offering was delivered once in the 2023 –24 academic year with further deliveries planned for the next academic year. Education leaders (learners and faculty alike) can contact the LEU if the session is of interest within their training programs.

5. Building a Support Person Program

The LEU has previously written about a toolkit that it created on the Role of a Support Person through the leadership of Parnika Godkhindi (MD Program Learner) and with consultation and feedback from the Learner Experience Advisory Council. This toolkit can be found on our [Resources webpages](#), and its goal is to clarify for learners, faculty, and staff the vital role that a support person may play in any administrative proceedings, including but not limited to meetings about learner mistreatment. The toolkit states: *“Due to systemic barriers and power differentials inherent within health professions education, institutional processes may be particularly stressful for individuals from structurally marginalized groups. Learners within Temerty Medicine have the right to request that a support person accompany them to any institutional proceedings or meetings with faculty.”*

Over the prior academic year, this resource has been promoted widely. The aim is that all learners come to know of their right to bring a Support Person to any administrative proceedings and that educational leaders view this as a standard, and in fact welcome, process.

As uptake of this toolkit increased, we received feedback directly from learners that they often had difficulty identifying a support person, a finding that was particularly pronounced for learners who were first in their family to train in the Health Professions. As a result of this feedback, LEU collaborated with the Office of Inclusion and Diversity to launch a Support Person Program (Pilot), recruiting 12 faculty members from Temerty Medicine’s Diversity Mentorship Program to serve as a volunteer support person for learners requiring assistance. Learners can be connected with one of the volunteer faculty by reaching out to the LEU. The volunteer faculty shared their personal areas of lived or scholarly expertise related to potential domains of learner support to ensure appropriate matching, where needed. Volunteers participated in an orientation in June 2024. We are grateful to the faculty volunteers for sharing their time and institutional knowledge to support learners navigating various administrative processes. We will be evaluating the utilization and effectiveness of this pilot program over the coming academic year.

6. Education and Communication Activities

Over the 2023 –24 academic year, the LEU delivered approximately 40 presentations related to learner mistreatment to a variety of audiences including learners, clinical departments, health professional programs, and placement sites.

LEU has also played a key role in the design and delivery of 2 workshops that are offered through the Centre for Faculty Development:

- Our Evolving Professional Values: Using Positionality and Relationship to Ensure Inclusive Environments for All (previously titled Unpacking Power and Privilege: the New Professional Values), delivered May 13, 2024.
- Supporting Learners Who Witness and Experience Mistreatment, delivered Jan 12, 2024.

Program Evaluation

In the 2021 –22 academic year, the LEU launched a [program evaluation survey for learners to provide anonymous feedback](#) to our unit about our services. This effort was led by David Rojas (Director of Program Evaluation, MD Program) and Margit Gill (Data Management and Quality Analyst). The survey itself is housed in the Office of Assessments and Evaluation, separate from LEU. The Office of Assessment and Evaluation sends a quarterly report to LEU with aggregated feedback and comments to help inform our structures and processes.

From July 1, 2023 – June 30, 2024, 22 individuals completed the anonymous survey, though not all respondents answered every question. Overall participation in the survey was low, so at this stage, the data should be interpreted with caution. We hope to increase the response rate to the survey after developing a Just-In-Time functionality wherein learners are automatically sent an email with the link to the survey 3 business days after their file is closed in the LEU. Learners can always return [directly to our webpages to provide feedback](#) as well.

Respondents self-identified as having the following sociodemographic characteristics:

- Grew up middle or lower-middle class (n=8), or
- Grew up in Canada (n=8), or
- Were racialized (n=9), or
- Were women (n=3), or
- Were heterosexual (n=6), or
- Were living with a disability (n=2)
- Note that 2-10 individuals either left demographic questions blank or selected “Prefer not to say” for each survey item.

Overall, learners’ experiences were positive; Table 1 outlines the mean rating to the survey questions exploring specific aspects of their experiences; 17 learners responded to each of the items.

Table 1: Anonymous program evaluation responses by learners that accessed LEU over the prior academic year.

Question	Mean	Std Deviation
<i>I felt welcomed and heard during the initial interaction with the Learner Experience Unit</i>	4.76	0.55
<i>The information provided to me in the first interaction was clear (scope, confidentiality, reporting back)</i>	4.41	1.03
<i>I was provided with follow-up options or plans</i>	4.76	0.42
<i>I was informed of other available resources (e.g. Wellness, Office of Inclusion and Diversity)</i>	4.35	0.68
<i>I was supported through the process of navigating relevant procedures and my options</i>	4.53	1.04

Fourteen out of 18 learners would recommend the LEU to a peer. Eight of the survey participants indicated that they had submitted a report through our processes; six were satisfied with the process for reporting.

When asked about concerns that might prevent learners from accessing the LEU, the most frequently cited reasons remain confidentiality (n=7), fears of retaliation (n=10) and concerns about privacy during (n=4) and after (n=5) the process. This feedback echoes what we hear directly from learners in the LEU and highlights the need for institutional culture change that supports learners, faculty, and staff in bringing forward concerns without fear of negative repercussions.

Select learner testimonies from the surveys, which learners consented to being shared, included:

- *“the entire process I felt supported and judgement free.”*
- *“I think it was very supportive throughout”*
- *“It was great and I felt heard”*

Select areas of opportunity identified by learners included:

- *“Make yourselves be known to all learners, I did not know about your existence until very very late in my process”*
- *“...to know what was the outcome in terms of disciplinary action and provide us with surety that there will be no retaliation now or later on”*
- *“(improve by) by making it faster”*

Collaborations with Other Portfolios

There were a variety of education, communications, and systems-level activities undertaken over the past academic year by other leaders and units within Temerty Medicine that relate to learner experience. We wish to acknowledge the incredible work of these portfolios and connect you with their webpages, which highlight their projects and impact:

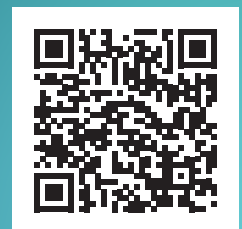
- [Temerty Medicine Clinical and Faculty Affairs \(CAFA\)](#)
- [Temerty Medicine Office of Inclusion and Diversity \(OID\)](#)
- [Temerty Medicine Office of Indigenous Health \(OIH\)](#)
- [Temerty Medicine Centre for Faculty Development \(CFD\)](#)
- [University of Toronto Sexual Violence Prevention and Support Centre \(SVPSC\)](#)
- [University of Toronto Community Safety Office \(CSO\)](#)

Next Steps for the Learner Experience Unit

As we look ahead to the next academic year, priority areas include: enhancing faculty development efforts, advancing work on learner-to-learner mistreatment, and continuing to iteratively improve on our standard operating procedures to ensure that they remain supportive and relevant for Temerty Medicine community members.

We are also committed to maintaining a continuous quality improvement mindset in which we will reflect on the feedback provided by learners, faculty, staff, and leaders, on how we can build on existing supports and resources, with the ultimate aim of continued positive culture change and safer patient care.

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Learn more about the LEU by visiting its webpages:

