

# Addressing sexual harassment directed towards medical trainees

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### 1. Introduction

Sexual harassment in the medical field is common, and is perpetrated by peers, patients, and individuals in leadership positions. Experiences of sexual harassment are reported by ~30% of medical trainees and staff, with higher rates reported by women and visible minorities (1–3). Trainees, including those in Canada, are particularly vulnerable to sexual harassment (4) as they inhabit a position of limited power within the hierarchical structure of medicine and may have a reduced capacity to participate in the reporting process.

A recent Lancet paper outlines the potential for a "Time's Up" effort in medicine and delineates concrete strategies to address sexual harassment in the field (5). The proposed project intends to reduce the impact of sexual harassment experienced by medical trainees by focusing on one of these strategies: improving the adequacy and safety of the reporting process. Specifically, it will aim to improve Canadian medical trainee understanding of and satisfaction with the sexual harassment reporting process by 50% by 2025 starting in Ontario. It will involve three facets: 1) identifying **barriers** to reporting sexual harassment, 2) streamlining and **standardizing** the reporting process across Ontario, and 3) **improving support** for trainees throughout the reporting process. Ideally, this project will contribute to a broader effort to reduce sexual harassment within the medical field.

## 2. Quality Gap and Rationale

Sexual harassment is detrimental to victims' physical, psychological, and professional wellbeing (6). It has been described by Canadian students as "confusing, upsetting," and embarrassing" (4); it is also reported to influence specialty selection (7), patient care (8), and individual and group morale (9).

There are multiple barriers preventing trainee reporting of sexual harassment; these include a lack of **knowledge** on how to do so, fear of **retaliation** by physicians, fear of not being believed, privacy concerns, and shame (10).

This project aims to improve the reporting process by specifically addressing the following three dimensions of quality:



**Safety**: The workplace becomes an unsafe environment for residents who have or who know others who have experienced sexual harassment in this context. Distrust, fear of reprisal or recurrence, or post-traumatic stress may all occur after sexual harassment and affect trainees' sense of safety in the workplace. Improving the reporting process will contribute to combating this issue.

**Trainee-centredness**: Trainees are disproportionately affected by sexual harassment due to their position in the hierarchal structure of medicine. Improving the reporting process and ensuring residents are educated on and have equal access to this process will improve general wellbeing, patient care, morale, and program satisfaction.

### 3. Improvement Model

Aim statement: Improve Ontario R2 resident understanding of and satisfaction with the sexual harassment reporting process by 50% by 2022.

### Interventions:

- Identify barriers to reporting sexual harassment:
- Conduct qualitative interviews with residents from each school
- Systematic literature review
- Streamline and standardize the reporting process across Ontario: Develop online reporting platform
- Improve support for trainees throughout the reporting process:
  - Create guide on how to report sexual harassment and widely distribute Make platform optionally confidential, and only contact harassment reporters if they specify a preference for this
  - Make clear that a formal investigation will only be instigated if harassment reporters specify a preference for this
  - Provide options for psychosocial and professional support
  - Normalize reporting culture of reporting, e.g. via anti-harassment signs, reporting platform promotion
  - Incorporate trainee feedback

### Assessment:

- **Process measures:** survey uptake
- Balancing measures: cost
- **Outcome measures:** results

# 4. PDSA Cycle



5. Challenges

We can foresee a number of challenges associated with this project, delineated as follows:

- The **cost** incurred to develop and maintain the online reporting platform and to provide trainee support.
- The ethical challenge of promoting a reporting and follow-up process that may result in negative psychosocial and professional consequences for the reporter.
- The lack of specifically incorporating **the role of gender** into the improvement model. Sexual harassment is more commonly reported by women regarding male perpetrators, but also occurs to men and also across the same gender.
- The lack of specifically incorporating the **follow-up process** into the improvement model. Without an effective follow-up process, this project may result in increased reporting of sexual harassment, but not effectively decrease its incidence.
- The **resistance to change** that may be encountered from physicians and/or administrators who have older perspectives and/or may not see the importance of addressing sexual harassment in the workplace.

### 6. Conclusion

Sexual harassment is a common phenomenon experienced by medical trainees. In Canada, there is no standardized reporting process for these incidents, posing safety issues for trainees. This project aims to reduce the impact of sexual harassment on medical trainees by improving the reporting process, with the goal of improving Ontario R2 resident understanding and satisfaction with this process by 50% by 2025. A PDSA cycle will be implemented over five years to assess the efficacy of the intervention. This project aims to improve awareness on sexual harassment in the medical field and enhance safety in the workplace.

### 7. References

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Interventions:

Analyses: