

# Procedures for Addressing Instances of Student Discrimination, Harassment, and Mistreatment Policy

Category: Academic

Responsibility: Vice Dean Education

Approval:

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# **Purpose:**

The purpose of the *Procedures for Addressing Instances of Student Discrimination, Harassment, and Mistreatment* is to provide transparent processes for medical students to report instances of discrimination, harassment, or mistreatment against them or that they observe against others.

These procedures ensure that the Undergraduate Medical Education (UGME) program meets or exceeds the following Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation elements:

#### 3.4 ANTI-DISCRIMINATION POLICY

A medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, national origin, race, sex, diverse sexual orientation, gender identity, and gender expression. The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect and take steps to prevent discrimination, including the provision of a safe mechanism for reporting incidents of known or apparent breaches, fair and timely investigation of allegations, and prompt resolution of reported incidents with a view to preventing their repetition.

#### 3.6 STUDENT MISTREATMENT

A medical school has policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment and retaliation. Mechanisms for reporting mistreatment are understood by medical students and visiting medical students and ensure that any mistreatment can be registered and responded to.

# Scope:

These procedures apply to the following students, irrespective of geographically distributed site, who experience an instance of discrimination, harassment, or mistreatment:

- undergraduate students registered in the Doctor of Medicine (MD) program
- visiting medical students who are completing an elective at the University of Saskatchewan

# **Definitions:**

Some of these definitions have been adopted from the University of Saskatchewan Discrimination and Harassment Prevention (DHP) Policy.

**Reporter:** a person who submits a report regarding discrimination, harassment or mistreatment they have experienced or witnessed as outlined in these procedures.

**Respondent:** a person alleged to have acted in a discriminatory or harassing manner or who has allegedly mistreated another faculty, staff, student, resident, patient or community member as outlined in these procedures.

**People Leader:** Under the DHPS Policy this could include:

- University/College of Medicine Senior Administrators
- University/College of Medicine Directors and Managers/Supervisors
- Senior Leadership or Managers within the SHA/Clinical Affiliates

**Discrimination:** refers to any differential treatment, inappropriate conduct, comment, display, action or gesture by a person that is based on the following prohibited grounds: religion, creed, marital status, family status, sex (including: gender expression, gender identity and two spirit identity), sexual orientation, disability, age, colour, ancestry, nationality, place of origin, race or perceived race and receipt of public assistance.

**Harassment:** Harassment includes sexual or personal harassment. The definition of harassment includes:

- any inappropriate conduct, comment, display, action or gesture by a person towards a Member of the University Community that either:
  - a) is based on the following prohibited grounds: religion, creed, marital status, family status, sex, gender identity (including gender expression and two spirit identity), sexual orientation, disability, age, colour, ancestry, nationality, place of origin, race or perceived race, or receipt of public assistance; or on physical size or weight; or
  - b) adversely affects the Member of the University Community's psychological or physical well-being and that the person knows or ought reasonably to know would cause the Member of the University Community to be humiliated or intimidated; and

- c) that constitutes a threat to the health or safety of the Member of the University Community; or
- d) any conduct, comment, display, action or gesture by a person towards a Member of the University Community that:
  - i. is of a sexual nature; and
  - ii. the person knows or ought reasonably to know is unwelcome.

To constitute harassment for the purposes of 1(i)(b), above, either of the following must be established:

- a) repeated conduct, comments, displays, actions or gestures;
- b) a single, serious occurrence of conduct, or a single, serious comment, display, action or gesture, that has a lasting, harmful effect on the Member of the University Community.

**Mistreatment:** The university does not condone behaviour that interferes with the provision of a respectful, productive environment for working or learning, but is not pervasive or significant enough to meet the definitions of harassment and/or discrimination described above. Depending upon the situation, examples of behaviour that may fall into this category include (but are not limited to) behaviour that shows disrespect for the dignity of others and unreasonably interferes with the learning process or a respectful workplace. For example:

- spreading negative rumours
- belittling or humiliating someone
- mean spirited pranks or practical jokes
- being spoken to in a sarcastic or insulting manner
- verbal aggression (examples include but are not limited to: yelling, swearing, or subjecting someone to offensive remarks or names)
- requiring someone to perform personal services
- nonverbal aggression (examples include but are not limited to: behaviours that are demeaning, intimidating or threatening)

**Systemic Discrimination:** Systemic discrimination occurs when policies, procedures, programs and/or practices create structural barriers or widespread stereotypes and assumptions, which then preclude certain individuals or groups of people from full participation in activities protected by The Saskatchewan Human Rights Code. Some of these activities can include: employment, education, public services, housing, contracts, trade unions, the purchase of property, publications, and professional trades and associations.

# **Responsibilities:**

The Associate Dean, UGME is responsible for the oversight and implementation of this procedure, working in collaboration with the Director, Student Services and the Director, Faculty and Learning Environment.

# **Policy:**

Medical students who experience or witness discrimination, harassment, or mistreatment due to their engagement with the educational program are encouraged to report and seek to address these concerns using formal or informal mechanisms.

Submitting a concern of discrimination, harassment or mistreatment via these procedures does not preclude a reporter from also addressing concerns via other routes such as academic appeals procedures.

### A) Formal Mechanisms for Instances of Discrimination, Harassment, and Mistreatment

The College of Medicine applies the following university-level policies and procedures to formally address concerns of discrimination, harassment and mistreatment:

- Discrimination and Harassment Prevent Policy and Procedures ( DHP Policy)
- <u>Standard of Student Conduct in Non-Academic Matters and Regulations and Procedures for</u>
   <u>Resolution of Complaints and Appeals</u>. (articulated at the program level via the Procedures for
   Concerns with Medical Student Professional Behaviour)

When a concern relates to an employee of the Saskatchewan Health Authority (SHA), the College of Medicine may refer a concern to the SHA to be formally addressed through the SHA Harassment-Free Workplace Policy and Procedures.

Formal mechanisms are not anonymous and typically have a time limit for reporting, outlined in the relevant policy/procedures. Formal mechanisms require screening, review of the concern, and notification to the respondent of the concern. If the concern meets criteria, an investigation is completed, and a report is made which includes a determination of outcomes based on the investigative report.

### B) Informal Mechanisms for Instances of Discrimination, Harassment, and Mistreatment

Where appropriate, instances of discrimination, harassment, or mistreatment may be reported and addressed using informal mechanisms. This may occur when the reporter is seeking increased awareness and a change in behaviour on the part of the respondent but may not be seeking a formal admission of guilt or disciplinary actions. Informal response mechanisms may include but are not limited to:

- raising concerns with the respondent directly (via written or face-to-face communication),
   with or without the support of the Office of Student Affairs (OSA) in the College of Medicine or another member of the university community
- raising concerns with another member of the university community (which can include UGME leadership) to address the concern on behalf of the reporter via routes such as critical conversations, coaching, education and/or professional development
- Informal resolution processes which may include facilitation, mediation or restorative processes such as a talking circle

Informal mechanisms may be anonymous or non-anonymous. Using informal mechanisms initially to address a concern does not preclude subsequently reporting and addressing via formal mechanisms if the resolution is not satisfactory. Medical students who are uncertain of how to report or respond to instances of discrimination, harassment, or mistreatment or whether an experience constituted mistreatment should seek advice from the OSA or Office of DHPS. Both offices can provide confidential advice on options to proceed.

### C) Reporting Concerns of Discrimination, Harassment, and Mistreatment

Students are strongly encouraged to report all concerns of discrimination, harassment and mistreatment to the College of Medicine Office of Student Affairs (OSA). The first step in reporting mistreatment is through the online <u>OSA Mistreatment Report Form</u> found on the <u>CoM website</u>. Students may also report mistreatment to any member of the OSA by phone, email, or in person.

Incoming reports are triaged by OSA support staff using the *OSA Mistreatment Reporting Process* and sent to the appropriate OSA staff who will respond to the student within 24-48 business hours depending on the nature of the concern. See *OSA Mistreatment Reporting Process* flow chart for an outline of responses from the OSA. As indicated in the *flow chart*, certain factors will trigger a

quicker response from the OSA. Since these response times apply to business hours only, students are provided with emergency numbers for after-hours reports that require immediate assistance.

The information provided in the *OSA Mistreatment Report Form* can be anonymous or non-anonymous. Reporters are cautioned on the form that if they choose to remain entirely anonymous, the OSA is not able to follow up with them about the results of their complaint.

The report form is also an option for individuals who witness or are made aware of student mistreatment.

Other routes for reporting mistreatment include:

- To a non-OSA staff or faculty member
- Via a student proxy who is a member of the Mistreatment Reform Committee or the Saskatchewan Medical Student Society
- Via any peer (medical student) proxy. Reporting via proxy allows the reporter to remain anonymous while being able to offer additional details if helpful and still learning exactly what was done in response to the concern
- To a faculty member with similar lived experience (Physician Advocates for Learners (PALS) contacts available through OSA)
- To the University ConfidenceLine (reports can be anonymous or non-anonymous)
- To the University <u>Office of Discrimination and Harassment Prevention</u> (reports are non-anonymous)
- If the events occurred in an SHA facility, to the SHA via completing a <u>SHA Report of</u>
   <u>Harassment form</u> and emailing it to <u>harassment@saskhealthauthority.ca</u> (reports are non-anonymous)
- Via an UGME program course, rotation or instructor evaluation (reports are anonymous so no follow-up can be provided).

If reporting by these other routes, students are still strongly encouraged to also contact OSA to receive support and to allow de-identified tracking of data.

# D) Informal Mechanisms for Resolution for Discrimination, Harassment, and Mistreatment Concerns

If a reporter wishes to proceed with an informal mechanism, they will work with OSA staff for support and to ensure all the details of the incident are captured accurately. OSA can support

reporters through anonymous or non-anonymous routes to address concerns, which will inform how involved the reporter is in the process moving forward. Information shared with the OSA is confidential and will not be shared with anyone outside of the OSA team without student consent. Exceptions may exist in situations of safety concerns for the student, patients or other members of the community.

Should a student wish to submit an anonymous informal report, they would not be involved in the process moving forward but may still be updated about the outcomes if they choose. The relevant senior administrator (typically the Associate Dean, Director of Faculty and Learning Environment, and/or designate) would receive the anonymous informal report and would discuss the report with OSA. Should the student wish, they could also be involved in the discussion with the senior administrator. Only the OSA staff involved in working with the student (and the senior administrator, if the student wishes to be identified to the senior administrator) will know the identity of the student and that will remain confidential. The senior administrator will address the concerns with the respondent, typically through a meeting that involves sharing the concern and strategies such as facilitated reflection, coaching, education, and/or professional development. Indirect strategies, such as unit-wide educational initiatives may also be used, and may be appropriate in some situations to protect the reporter's identity. Others (such as the respondent supervisor) may also be involved addressing the concern. In the event that the respondent is a patient, the clinical supervisor and/or a clinical unit manager may be involved in addressing the concern.

Should a student wish to submit a non-anonymous informal report, this may be addressed without the student's involvement (as described above). Alternatively, the student has the option of being involved in alternate resolution processes with the respondent, the relevant senior administrator, and any necessary support staff/faculty (OSA Staff, Associate Dean, UGME, Director Faculty and Learning Environment Director, Student Services or designates). Alternate resolution processes may also involve individuals outside of the UGME program such as facilitators or mediators. A culturally relevant alternate resolution process may also be used, with guidance from cultural leaders and potential involvement of relevant community members.

Informal mechanisms for resolution are available both through university program procedures as well as procedures of clinical affiliates such as SHA, and other community agencies that are partners with the undergraduate program. Please see the Student Mistreatment Flowchart for a visual representation of this process.

Informal processes for resolving concerns of mistreatment will only proceed once a student has indicated a desire for the concern to be addressed and indicated their preferred level of involvement

in the process. Steps to address the concern will then be conducted in a timely manner while also ensuring a fair process in which parties are appropriately supported. Alternate resolution processes will follow best practices. Concerns will typically be addressed within six to eight weeks with a report to the student of general outcomes; if a concern has not been fully addressed by six to eight weeks, an update will be provided to the reporter with anticipated timelines to resolution, with further updates provided every six to eight weeks thereafter until resolution.

# E) Formal Mechanisms for Investigation and Resolution of Discrimination, Harassment, and Mistreatment Concerns

Students who wish to address a concern of discrimination, harassment or mistreatment through formal mechanisms are encouraged to work with the OSA for support and assistance. The reporting route and procedures for addressing depend on who the respondent is.

### When the respondent is a member of the University:

Medical students who wish to address instances of discrimination, harassment, or mistreatment by a member of the USask community using a formal mechanism should complete the DHPS complaint form (link on the DHPS webpage) and submit it to the Office of DHPS. The OSA provides advice and guidance on processes, but reporters complete and submit the form to the Office of DHPS themselves.

Formal complaints must be made to DHPS within one year of the alleged incident occurring, barring exceptional circumstances. Upon receipt of a written complaint, the procedures described in the applicable university procedures (see below) will be facilitated by the Office of DHPS.

- When the respondent is a staff member of the university or a medical resident, the concern will be responded to by the Office of DHPS and investigated and addressed through the DHP Policy and Procedures.
- When the respondent is a faculty member and the incident took place outside of an SHA facility, the concern will be responded to by the Office of DHPS and investigated and addressed through the DHP Policy and Procedures.
- When the respondent is a non-MD undergraduate or graduate student registered at the
  University of Saskatchewan, concern will be directed to the Office of the University Secretary
  and the incident will be investigated and addressed in accordance with the university-level
  Standard of Student Conduct in Non-Academic Matters and Regulations and Procedures for
  Resolution of Complaints and Appeals.

When the respondent is another USask medical student, a major concern will be investigated
and addressed through Procedures for Concerns with Medical Student Professional
Behaviour which align with the University Standard of Student Conduct in Non-academic
Matters and Regulations and Procedures for Resolution of Complaints and Appeals. If the
concern is a critical incident, it will be directed to the Office of the University Secretary and
the incident will be responded to in accordance with the university-level Standard of Student
Conduct in Non-Academic Matters and Regulations and Procedures for Resolution of
Complaints and Appeals.

### When the respondent is a member of the SHA:

- When the respondent is an MD faculty member and the incident took place in an SHA facility during a clinical placement, there is dual jurisdiction and the concern may be investigated and addressed via the most relevant policy and procedure (University or SHA) as determined by relevant People Leader/Senior Administrator(s).
- When the respondent is an SHA employee, contractor, volunteer, or team member who are not MD faculty, the incident will be responded to, investigated and addressed through the SHA Harassment Free Workplace Policy and Procedures.

Formal complaints must be made to SHA within one year of the alleged incident occurring, barring exceptional circumstances.

### When the respondent is neither a member of the University of Saskatchewan nor the SHA:

When the respondent is not a member of the University of Saskatchewan or SHA (such as an employee of a community agency partner), the People Leader/Senior Administrator will work with the relevant organization to address via policies and procedures of that organization.

The Mistreatment Reporting Structure chart illustrates the policies and procedures which apply when a medical student reports a concern of discrimination, harassment or mistreatment for formal resolution.

Formal processes for investigating and addressing concerns of mistreatment, once reported, will be conducted in a timely manner (as outlined in the relevant procedures) while also ensuring that processes are both thorough and fair.

### **Communication & Distribution:**

The College of Medicine will communicate the *Procedures for Student Discrimination, Harassment, and Mistreatment* to faculty, staff, and students by ensuring that up-to-date versions of these procedures are publicly available on the college website.

Furthermore, the UGME Office and OSA shall communicate this procedure by discussing it with the students during orientation at the start of each academic year. Additionally, students are provided with a card to attach to their SHA ID, which provides information on student mistreatment and the contact information for OSA at the campuses/sites. Visiting students are informed about the procedures via the College of Medicine Website on the AFMC Student Portal.

## **Protection from Retaliation:**

Every effort will be made to protect from retaliation any individual who reports, in good faith, a concern of discrimination, harassment, or mistreatment. Reported instances of retaliation will not be tolerated and will be regarded as another form of mistreatment. Accusations that retaliation has occurred will be handled in the same manner as accusations concerning other forms of mistreatment.

# **Monitoring Reports:**

Data on instances of discrimination, harassment and mistreatment is collected and regularly reviewed to support efforts to understand the experiences of students and to take responsive as well as proactive steps to optimize the learning environment.

Internal data (reports received via OSA and through anonymous course, rotation and instructor evaluations) is tracked and reviewed quarterly.

External data (reports submitted to partner offices/organizations including DHPS, Student Wellness Centre, USask Student Affairs and Outreach, SHA, the Saskatchewan Medical Association Physician Support Program, and the College of Physicians and Surgeons of Saskatchewan) is similarly tracked and regularly reviewed. External partners submit reports to the OSA or CoM People Leaders/Senior Administrators when incidents arise. Once received, all data is de-identified.

Should a complaint that concerns student safety be received by any internal or external partners, they would immediately ensure student safety as a first priority. They may involve the USask Students of Concern Advisory Team (SOCAT), which is a campus wide team that is a resource for consultation and support in situations such as these. Once safety is established, the report will be discussed immediately with relevant senior leadership (such as the Director, Student Services, Director, Faculty and Learning Environment, Associate Dean UGME, Vice Dean Education and/or the Dean of Medicine) in order to determine an immediate appropriate course of action.

Other key sources of data for the quarterly and annual reporting are student surveys. These include the Association of Faculties of Medicine of Canada Graduation Questionnaire (Year 4), course and rotation evaluations, instructor evaluations, the program feedback tool, and year-end surveys (all years). This data is incorporated by OSA staff into our reporting/monitoring as it is available.

On a quarterly basis, the Director, Student Services and the Director, Faculty and Learning Environment and/or Associate Dean UGME review data compiled by OSA staff and the Program Evaluation Specialist to ensure concerns have been appropriate resolved in a timely manner. When this data identifies trends that require action, program leadership will take that forward to relevant partners including SHA and departmental leadership.

On an annual basis, OSA staff work collaboratively with the Program Evaluation Specialist to compile a report with de-identified student mistreatment data that is then provided to the Director, Student Services, Director, Faculty and Learning Environment and Associate Dean, UGME who review data including trends. This data includes the complainant's level of training, type of mistreatment, the role/position/department of respondent, location of incident, and the office receiving the complaint. Data from annual report is shared with:

- Dean of Medicine, Vice Dean Education Vice Dean Indigenous Health and Wellness, Vice Dean Faculty Engagement, UGME leadership, OSA staff.
- President of the SMSS (full report) and the student body via town halls.
- University of Saskatchewan stakeholders.
- External stakeholders (SMA, CPSS leadership).
- SHA partners including Provincial Department Heads and other SHA leadership. Through
  the SHA-CoM Operations Sub-Committee of the Liaison Committee, SHA and CoM
  leadership will review data and collaborate on responsive and proactive steps to prevent
  discrimination, harassment and mistreatment and to optimize learning environments.

The goal of the monitoring and reporting of student mistreatment is to provide information on trends in mistreatment as well as transparency regarding the de-identified outcomes of reports. Confidentiality within the OSA of the reporter and the respondent is key to ensuring that the student initiating the complaint and the respondent are both provided with due process. Data is also used to inform/refine educational and faculty development activities aimed at preventing discrimination, harassment and mistreatment and building positive and supportive learning environments for all.

# Forms / Templates to be Used:

- OSA Mistreatment Report Form
- <u>DHPS Written Complaint Form</u> or <u>DHPS Incident Report button</u>

### **Internal and External References:**

### **Internal References**

- Discrimination and Harassment Prevention Policy (DHPS Policy)
- DHPS Policy Procedures
- <u>Standard of Student Conduct in Non-Academic Matters and Regulations and Procedures for</u> Resolution of Complaints and Appeals
- Student Non-Academic Misconduct
- Procedures for Concerns with Medical Student Professional Behaviour
- OSA Mistreatment Reporting Process flow chart
- Mistreatment Reporting Structure Chart
- <u>Student Mistreatment Flowchart</u>
- MD Faculty Procedures

### **External References**

- SHA Harassment Free Workplace Policy
- SHA Harassment Free Workplace Procedure