



## LEARNER MISTREATMENT BY FACULTY, STAFF, OTHER LEARNERS: GUIDING PRINCIPLES

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### INTRODUCTION

The Toronto Academic Health Science Network Education Committee (TAHSNe) commits to supporting and developing a TAHSN-wide strategy to further excellence in education in the hospital setting. A key TAHSNe priority is addressing learner mistreatment. The guiding principles below have been approved by TAHSNe to support TAHSN hospitals and all of their associated clinical teaching environments (referred to as 'TAHSN hospitals' in this document), in ensuring alignment across TAHSN hospitals' principles on the frameworks, structures, processes, and/or policies that they develop to address learner mistreatment.

### GUIDING PRINCIPLES

The guiding principles are to be incorporated into the design and implementation of policies and processes addressing learner mistreatment by faculty, staff, learners at TAHSN hospitals. Please reference [Learner Mistreatment Glossary](#) for terms used below.

- 1. Develop a defined guideline and/or process to address learner mistreatment:** Have a defined guideline/process for the discussion, disclosure, or reporting, and management of incidents of witnessed or experienced learner mistreatment, that is aligned with the academic partners' guidelines, processes or policies (if applicable), as well as equity, diversity, inclusion, accessibility informed, anti-racism informed, and trauma-informed recognizing that mistreatment is fundamentally rooted in power asymmetries. This may include integrating learners into existing guidelines/processes/policies. The onboarding process should ensure that learners are trained on how to respond to and report learner mistreatment and the guidelines/processes that govern the management of such mistreatment. Some consideration should be made as to how to concomitantly share information about hospital and academic partner guidelines/processes/policies.
- 2. Ensure fair and transparent process for all involved parties:** All guidelines and processes related to management of learner mistreatment need to support a fair and transparent process for all involved parties, which includes (but is not limited to) learners, faculty, staff, physicians etc., and recognizes the power asymmetries that may exist.
- 3. No time limit for disclosures or reports:** Contemporaneous disclosures or reports are encouraged, however there is no time limit imposed for disclosures or reports of learner mistreatment incidents. It is important to note that delays in disclosures or reporting may impact the ability to investigate the disclosure or report.
- 4. Ensure disclosing parties are thoroughly informed and educated about the process of discussions/disclosures/reporting, and available supports:** It is important that learner mistreatment guidelines/processes ensure that education leaders at TAHSN hospitals are prepared to support the learner who is about to discuss, disclose, or report a learner mistreatment incident on the guidelines/processes on managing learner mistreatment. This should include applicable academic partners' policies, guidelines, processes, supports and resources. Throughout the execution of the learner mistreatment guideline/process faculty, preceptors and education leaders must be ready to connect the student to the right resources in order to address the disclosure or report. Once the learner has been connected to the individual who will support them with their report or disclosure, it's that individual's responsibility to ensure that the learner is thoroughly informed of the potential implications and outcomes of their decision/action during these processes.
- 5. Education leaders at TAHSN hospitals must be aware of guidelines/processes and be able to support any learner wishing to discuss, disclose, or report mistreatment. This should include the following:**
  - a) familiarity with applicable academic partner guidelines/processes/policies/jurisdiction requirements
  - b) understanding the appropriate resources and people to connect the learner with for disclosure or reporting



c) clear pathways to trained individuals who will ensure a learner is thoroughly informed of the potential implications and outcomes of the decision/action during reporting or disclosing who is skilled in managing such concerns in an EDIA-informed and trauma-informed manner.

6. **Maintain confidentiality where possible:** The guideline/process for learner mistreatment must protect confidentiality of all parties involved where possible. The reporting process should only involve individuals who are pertinent to each step of the review and management process for the disclosure or report of learner mistreatment. However, it is important to note that matters may become revealed (and not confidential) depending on the subject of the disclosure or report. At the beginning of any formal process, there is a discussion and negotiation about appropriate consultations and filing of documents. Learners, faculty, staff, physicians etc. will be reminded of expectations on confidentiality regularly throughout the process of reporting, investigating, and managing.
7. **Privacy and secure documentation on learner mistreatment disclosures or reports:** All formal documents (e.g., forms) completed on a learner's disclosure or report about the subject should be kept in a secure location/system as per the hospital's process relating to secure record retention.
8. **Allow informed choice of anonymity of learner when possible:** Learner may choose not to be named to the individual who is the subject of the disclosure or report. When a learner requests to be anonymous in their report/disclosure, the hospital must ensure the learner understands the implications of remaining anonymous:
  - a. Anonymity of the learner will be maintained wherever possible, however, depending on the subject of the disclosure or report, anonymity may limit the ability to investigate the incident and therefore the learner's identity might be revealed if an investigation of the incident is necessary.
  - b. The hospital will not tolerate any retribution and will take steps to continue to support the learner throughout the review process with the academic partner.
  - c. The subject may have limited ability to respond to an anonymous disclosure or report.
  - d. The learner may be unable to participate in the review process or receive information about its outcomes.
  - e. The hospital may be limited in the scope of its review of the disclosure or the report, and this could impact the outcome.
  - f. Legal/regulatory obligations, health/safety concerns, or patterns of a certain behaviour by the individual may render it necessary for the hospital to disclose the identity of the learner. In such cases, the hospital's manager of the disclosure or report will notify the individual of this need for identity disclosure.



**APPENDIX: SAMPLE GUIDELINE/PROCESS TEMPLATE**

**[TAHSN Hospital Name] GUIDELINE/PROCESS FOR LEARNER MISTREATMENT BY FACULTY, STAFF, OTHER LEARNERS**

**Authors:**

**Version Date:**

**Approved:**

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**PREAMBLE**

This [guideline/process] has been developed for [hospital site name] to guide the discussion, disclosure, or reporting, and management of incidents of witnessed or experienced learner mistreatment. This [guideline/process] shall be aligned with the academic partners' guidelines, processes or policies (if applicable), as well as equity, diversity, inclusion, accessibility informed, anti-racism informed, and trauma-informed recognizing that mistreatment is fundamentally rooted in power asymmetries. This may include integrating learners into existing guidelines/processes/policies. This guideline/process shall be aligned with the TAHSN Learner Mistreatment by faculty, staff, other learners Guiding Principles and the Learner Mistreatment Glossary for terms.

**PROCESS FOR DISCUSSION, DISCLOSURE, OR REPORTING AND MANAGEMENT OF INCIDENTS OF WITNESSED OR EXPERIENCED LEARNER MISTREATMENT BY FACULTY, STAFF, OTHER LEARNERS**

- 1.
- 2.
- 3.