

Support for Medical Students Experiencing Student Mistreatment

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Briefing Note

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POSITION PAPER

It has been proven in literature that medical student mistreatment spans across all four years of medical school yet despite the widespread prevalence of mistreatment, a much smaller proportion of cases are ever formally reported. The literature suggests that this may exist due to many barriers to the reporting of student mistreatment including but not limited to the perceived belief that reporting will damage the student-teacher relationship, and the perceived belief that a fear of reprisal exists. Students who have experienced mistreatment have then quoted the incidents as having a negative impact on their wellbeing and have even led to an increase in medical student burnout. This position paper aims to build on the role the CFMS is taking to enhance medical student wellness and as such identify several concerns with the current means of reporting mistreatment as well as the resolution outcome transparency. For these reasons the Student Mistreatment File Committee has identified several recommendations for the CFMS as well as medical faculties across Canada to undertake to decrease the barriers perceived by students to reporting, and to provide oversight to resolving reports of mistreatment. Furthermore, the committee aims to identify the current role and areas of future research and advocacy for the CFMS.

BACKGROUND

Evidence of student mistreatment has been recognized in medical literature since the 1990s and review of the AFMC national data, over a 12-year span, revealed that up to 20% of medical students experience mistreatment annually (2). There is evidence also in the literature that recurrent mistreatment is associated with negative consequences on many aspects of medical students' lives as well as an increased rate of burnout. Our efforts in addressing mistreatment within the medical profession builds on the role the CFMS has taken to enhance medical student wellness.

CONCERNS

1. While each medical school has published mistreatment policies, these policies and procedures are inconsistent across the country.
2. Most medical schools do not have a process for oversight.
3. Although reporting processes and actions are explicitly stated in each policy, certain clauses create barriers to reporting.
4. Between universities, there are differences in the level of reporting accessibility, extent of procedural and resolution outcome transparency, and amount of

independence and training of those adjudicating mistreatment complaints.

RECOMMENDATIONS

1. Canadian medical schools should increase accessibility to the reporting system by ensuring the most up-to-date version of its student mistreatment policy and procedure are available online and providing methods of reporting electronically.
2. Canadian medical schools should publish de-identified statistics on the outcomes and efficacy of mistreatment policies including how cases are resolved while maintaining the anonymity of the student(s) and faculty involved.
3. An interdisciplinary committee should be appointed to oversee student mistreatment concerns at each of the Canadian medical schools.
4. Anonymous reporting should be made as an option to all students who wish to report student mistreatment.
5. Canadian medical schools should include sessions that address learner mistreatment as a part of their formal curriculum.
6. The CFMS will, if approached, guide students to the appropriate resources within their medical school to address mistreatment concerns and continue with strategic advocacy efforts to support students

Introduction/Background

Although it can be challenging to constitute what defines mistreatment, the widely-accepted definition of student mistreatment by the American Association of Medical Colleges (AAMC) (2011) is an “intentional or unintentional behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner” (1). Adopting this definition, evidence of the mistreatment of medical students has been recognized in medical literature for decades, with research showing reports of mistreatment dating back to the 1990s (2). Such mistreatment has been shown to negatively impact students both professionally and personally by increasing the risk of student burnout, which has been linked to increased incidence of substance abuse, depression, and thoughts of dropping out of medical school (3). Review of national data from the Association of Faculties of Medicine of Canada (AFMC) over a 12-year span revealed that up to 20% of medical students experience mistreatment annually, with public humiliation, offensive or sexist names or remarks, and requests to perform personal services being the most commonly reported forms of mistreatment (3). Clinical faculty and residents were the most commonly cited sources of mistreatment (4).

Despite the widespread prevalence of student mistreatment in medical schools across the country, a much smaller proportion of incidents are ever formally reported to the administration. This is likely a result of the many barriers, both perceived and logistic, to reporting such harassment. Perceived barriers to students reporting mistreatment include the perception that mistreatment is intrinsic to the culture of medicine, the belief that incidents are not significant enough to report, and the fear that reporting will damage the student-teacher relationship (3). Many students report fear of reprisal as a major barrier to reporting, even when the majority of medical schools have mechanisms to facilitate anonymous reporting (5). Furthermore, logistic barriers to reporting mistreatment can exist in the form of specific administrative policies, which vary significantly between schools (3).

The impact of medical student mistreatment spans across all medical schools in Canada throughout all years of training. Our efforts in addressing mistreatment within the medical profession builds on the role the CFMS is taking to enhance medical student wellness. In the 2018 AFMC graduating survey, more than half of all fourth year graduating medical students experienced some form of mistreatment by attendings and residents (6). In the survey, the majority of medical students expressed that they knew the procedure for reporting mistreatment. However, mistreatment continues to run rampant during medical school (6). One specific reason behind this discrepancy, which has been identified in the literature and the graduation survey, is that students are simply not reporting mistreatment out of fear of reprisal. Although this fear has not been proven in the literature to directly interfere with residency and career opportunities, the belief that reporting will fail to improve the situation and may even negatively influence their career is enough to dissuade students from reporting mistreatment. (7).

There is evidence in the literature that recurrent mistreatment is associated with negative consequences on many aspects of medical students' lives (3). One of the most significant findings is the association between mistreatment and increased risk of burnout, with subsequent negative consequences on characteristics needed to become a competent and compassionate physician - professionalism, empathy, and personal well-being. Furthermore, mistreatment has been shown to interfere with mental and emotional health, resulting in interference with family life, home responsibilities, physical health, and schoolwork (3).

Principles/Stance

The CFMS endorses the following statements in support of students who have experienced mistreatment in medical school:

1. Medical students have the right to a safe and health-promoting learning environment.
2. All Canadian medical schools should develop a transparent and accessible reporting system with an option for anonymous reporting.
3. Medical students should have access to and support from faculty when faced with student mistreatment.
4. Medical student who have experienced mistreatment should be supported by their peers and preceptors.

Concerns

1. While each medical school has published mistreatment policies, these policies and procedures are inconsistent across the country. In some cases, previously established school-wide policies on areas of mistreatment such as sexual harassment and discrimination stand as separate documents.
2. Most medical schools do not have a process for oversight once a mistreatment report has been made. An oversight committee is important in the reporting process as it can provide an unbiased review of the mistreatment report and has the potential for impartial resolutions to be made. Several of the schools have an oversight committee; however, they are university-affiliated which can, in theory, create a conflict of interest for members. The remaining schools do not have oversight of the mistreatment policies. A conflict can arise should members overseeing mistreatment reports know the students and faculty in question personally and therefore be biased as to the resolution.
3. Although reporting processes and actions are explicitly stated in each policy, certain clauses create barriers to reporting. For example, one policy stipulates that complaints must be made within 12 months to be acted upon. This time constraint can be a barrier for students who are waiting to feel safe from a situation before

reporting. Another policy requires that a certain number and severity of incidents occur before an investigation may be initiated. This can lead students to believe their concerns are not important, disincentivizing them from reporting.

4. Between universities, there are differences in the level of reporting accessibility, extent of transparency around procedures and resolution outcomes, as well as the level of independence and training of those adjudicating mistreatment complaints.

Recommendations

The CFMS has compiled a list of recommendations for Canadian medical schools and national organizations to support students who have experienced student mistreatment.

1. Canadian medical schools should increase accessibility to the reporting system by ensuring the most up-to-date version of its student mistreatment policy and procedure are available online and providing methods of reporting electronically.

Even though all Canadian medical schools have a policy surrounding student mistreatment, not all of them have an up-to-date copy of their student mistreatment policy and procedures available on their official site. This inherently limits student awareness and accessibility of the reporting process. Furthermore, the same school may have separate policies that address different aspects of mistreatment, such as sexual harassment or discrimination. This can create unnecessary confusion during the reporting process and deter students from reporting. Additionally, a significant part of medical training involves completing clinical placements away from the main university campus; the requirement of in-person reporting limits and delays the reporting process in such cases.

To ensure the student body has a clear understanding of the reporting process, the CFMS recommends that each medical school clearly outline its student mistreatment policy in an accessible manner on its official website in addition to an accessible print copy in Student Affairs or UGME office. If there are multiple methods of reporting, students should be made aware of the potential limitations of each. In schools with multiple policies regarding mistreatment, there should be clear guidelines outlining the most appropriate way to report each category of mistreatment. Finally, an electronic method of reporting should be made available. This ensures anonymity and gives students away on placements appropriate access to reporting services in a timely manner.

2. Canadian medical schools should publish de-identified statistics on the outcomes and efficacy of mistreatment policies including how cases are resolved while maintaining the anonymity of the student(s) and faculty involved.

Currently, medical schools do not publish the outcomes of the mistreatment cases raised by students. Although some schools document the types of mistreatment cases raised and a few schools document the outcomes, these statistics are not accessible to students. We recommend that these results be documented by all schools and be published for all students to see on an annual basis while maintaining the anonymity of the parties involved. Details on the individual schools' policies surrounding mistreatment can be found in Appendix 1.

One of students' main concerns about reporting mistreatment is the belief that reporting will not lead to positive change. By introducing a transparent policy, we can provide schools with an opportunity to demonstrate the effectiveness of their mistreatment policies. We can also ensure that schools are accountable if concerns of student mistreatment are not addressed appropriately. Furthermore, aggregate data should be reported to ensure appropriate institutional oversight and to identify areas of policy improvement. This should include publishing statistics on the number of reports made and number of cases resolved. To protect the anonymity of the parties involved, specific details of the cases are advised to be left out of any published statistics as this could potentially lead to individuals being identified at smaller schools. Instead, we recommend statistics be published using broad categories as seen in the AFMC Graduation Questionnaire, where possible using percentages and trends as opposed to exact numbers.

Long-term follow-up with the involved student should be conducted to ensure there is no retaliation from reporting. Finally, a subjective measure of satisfaction can allow students to see whether previously mistreated students had their concerns sufficiently addressed. Ultimately, this recommendation aims to build faith in the reporting system among student populations and highlight deficiencies in the mistreatment reporting system. In the literature, it has been suggested that students provide feedback on their level of satisfaction with the reporting process and the resolution of their case once it has been reviewed by the overseeing committees (8). More research will have to be done on the part of the Student Mistreatment File Committee to determine if this is in fact feasible and the best way to implement such a measure to provide feedback once cases are resolved and as such a subjective measure of satisfaction for students to review the mistreatment reporting process is not recommended at this time.

3. An interdisciplinary committee should be appointed to oversee student mistreatment concerns at each of the Canadian medical schools. Such a committee should operate separately from the management of student academic life to mitigate a conflict of interest and provide an unbiased review of the report being made.

There is currently a lack of consistency amongst Canadian medical schools in terms of the composition of committees to oversee mistreatment. Some schools have developed committees to oversee student mistreatment concerns while others have specified adjudicators. Furthermore, some committees overseeing mistreatment concerns require members to have undergone training surrounding student mistreatment or conflict resolution while others do not. There is currently no consistency between medical schools regarding the minimum qualifications needed to sit on such committees. As such, several committees are comprised solely of medical faculty while others require student representation. There is also a lack of distinction, at some medical schools, between those making decisions around mistreatment cases and those having direct involvement in other aspects of the student's academic life. This conflict of interest may significantly deter students from filing a mistreatment report as it can potentially lead to a biased review of the report being made should the committee know the parties involved in the report personally. The CFMS therefore recommends that an interdisciplinary team be responsible for handling student mistreatment complaints. This team would be composed of physicians at different levels of training, individuals within the faculty of medicine, and those trained in handling mistreatment complaints. We also recommend the pursuit of further research investigating the value of standardized training for each member of the interdisciplinary committee. This would improve the consistency and comprehensiveness of the student mistreatment review process across Canada.

4. Anonymous reporting should be made as an option to all students who wish to report student mistreatment.

Currently, each of the 17 Canadian medical schools have a distinct policy regarding how student mistreatment is reported. There is a wide spectrum of anonymous reporting capabilities across the country. One university contends that anonymous reports cannot be fully evaluated while other universities have clear policies that protect the identity of the anonymous reporter. The available research indicates that students are underreporting mistreatment due to fear of reprisal, going unmatched for residency, or being labelled as “disruptive” and getting blacklisted in the medical community. By mandating that there be an avenue for anonymous reporting, not only will the medical community gain a more accurate understanding of the extent of student mistreatment, but medical students will also be more likely to come forward with cases of mistreatment.

5. Canadian medical schools should include sessions that address learner mistreatment as a part of their formal curriculum.

As part of the formal learner wellness curriculum in medical school’s students should have formal sessions which address mistreatment in the learning environment. Objectives which cover scenarios in both pre-clerkship and clerkship are essential. Sessions should include a focus on simulation and sharing resources. Learners should be made readily aware of the reporting mechanisms and policies as part of these formal sessions.

6. The CFMS will, if approached, guide students to the appropriate resources within their medical school to address mistreatment concerns and continue with strategic advocacy efforts to support students.

Currently, the CFMS does not have the personnel or unique insight into the differing schools’ policies to provide individualized support to mistreated students at each individual school. Instead, students are referred to their school’s mistreatment policy, procedures and support networks.

At its core, the CFMS Student Mistreatment committee will be dedicated to policy activism to improve the lives of students at all schools. The CFMS Student Mistreatment committee will not attempt to directly resolve cases of student mistreatment. This committee’s primary objective in any interaction with students is to work to ensure that they are connected with the appropriate resources and procedures at their schools. The CFMS strategy will involve highlighting school policy documents, wellness representatives, and other provincial resources as avenues for learners to address their concerns. The Student Mistreatment File Committee will continue to work with national stakeholders to develop reporting methods and specific support opportunities for students experiencing mistreatment. The committee will continue to work with the CFMS on advocacy efforts for students experiencing mistreatment.

The committee will work with the wellness roundtable (WRT), National Wellness committee, Health Promoting Learning Environment task force and Wellness Curriculum Framework working group in a concerted, strategic effort to continue to advance advocacy efforts and improve learning environments for medical students. The committee will be one of the main responsible bodies for working to enact the recommendations made in this paper.

Accountability Statement: National Officer Wellness, Director Student Affairs

Advocacy Plan

The first step in advocating for the implementation of our recommendations is the publication of this position paper to the CFMS website. This will officially establish the perspective of the CFMS on school policies regarding student mistreatment across Canada. The CFMS Student Mistreatment committee will defend the position of this paper and encourage all Canadian medical schools to ensure that their student mistreatment policies are aligned with these recommendations.

In the event that a student who has been mistreated contacts the CFMS for assistance and guidance, the CFMS Student Mistreatment committee will work with the individual to connect them to the appropriate resources at their school to resolve the issue. The CFMS and Student Mistreatment File Committee will continue to develop an advocacy plan and advocacy opportunities for students experiencing student mistreatment.

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Appendix I

Appendix I: Summary of Canadian Medical School's Mistreatment Policies

Definitions:

“Main Policy” - Refers to the policy specified on the Faculty of Medicine website as the guiding document for handling student mistreatment reports.

“Additional Policies” - Refer to other policies specified within the main policy as additional means of reporting or handling reports of student mistreatment.

“Types of Mistreatment” - Refer to the specified forms of mistreatment identified in the main policy for each school.

“Reporting” - Refers to the different reporting options for filling a complaint of student mistreatment.

“Oversight” - Refers to the committee or individual who is responsible for handling or investigating the reports of student mistreatment.

“Action” - Refers to any specified direct outcome of the student mistreatment report including but not limited to the outcome for individuals in a mistreatment report, the outcome for publishing the report, etc.

School	Main Policy	Additional policies	Types of Mistreatment	Reporting	Oversight	Is online reporting available?	Action
Memorial University	Respectful learning environment for medical education (9)	1. Privacy policy for handling of sensitive information (10) 2. Sexual Harassment Policy (School wide) (11)	Harassment, Intimidation, and Sexual Harassment.	1. Early Resolution of Concerns (ERC) by informing an advisor (<1 month) 2. Write a formal complaint where the Faculty of Medicine Dean appoints an investigator (maximum of 10 working days for initial review)	Oversight of the internally/externally appointed investigator.	Online reporting can be done online through the “QRS” - Quality recognition and suggestions reporting system on the MUN website.	Actions taken are in accordance with the MUN Staff Handbook for Non-Bargaining Unit Learners, applicable collective agreements, or Student Code of Conduct.

<p>Dalhousie University</p>	<p>Undergraduate medical education program personal harassment policy for medical students and residents (12)</p>	<p>1. Statement on Prohibited Discrimination (13) 2. Sexual Harassment Policy (14)</p>	<p>Personal Harassment</p>	<p>1. Informal Resolution Process 2. Formal Complaint Process Dean appoints an Investigation Committee made up of 2 faculty members and one medical student. Timeline is 60 working days. Must be reported within 12 months of incident.</p>	<p>At the end of each academic year, Deans will provide a report to the Advisor, Harassment Prevention/Conflict Management, in the Office of Human Rights, Equity and Harassment Prevention.</p>	<p>Unspecified.</p>	<p>Actions taken are in accordance with applicable processes for Employees or Students/Residents, as appropriate.</p>
<p>McGill University</p>	<p>Process for investigating complaints against residents/fellows named in context of mistreatment (15)</p>	<p>1. Policy against Sexual Violence (16) 2. Policy on Harassment, sexual harassment, and discrimination prohibited by law (17)</p>	<p>General Mistreatment, Sexual Mistreatment, Racial/ Ethnic Mistreatment, and Sexual Orientation Mistreatment.</p>	<p>1. Report Anonymously online 2. Report to The WELL Office. WELL office to inform PGME Student Affairs Dean and Program Director. The program director must investigate and offer remedial actions within 30 days of receiving complaint.</p>	<p>Oversight of the “PD/ PGME” - Program Director/ Post Graduate Medical Education dean of student affairs.</p>	<p>Online reporting available through the WELL online form.</p>	<p>Actions taken are defined as disciplinary measures as per McGill’s Code of Professional Conduct</p>
<p>University of Montreal</p>	<p>Politique contre le harcèlement (18)</p>	<p>None specified.</p>	<p>Discrimination and Harassment.</p>	<p>Consultation and informal resolution or formal complaint process. Report to the “BAER” - Bureau d’aide aux étudiants et résidents.</p>	<p>Oversight by the Harassment Committee.</p>	<p>Unspecified.</p>	<p>Actions taken are in accordance with Disciplinary Regulations for Teachers and Students or Collective Agreements, Work Arrangements or other applicable regulations or policies</p>

<p>Laval University</p>	<p>Harcèlement, intimidation et violence (19)</p>	<p>None specified.</p>	<p>Based on university-wide policy; includes psychological harassment, sexual harassment and intimidation.</p>	<p>Can bring complaint to 1. Faculty of Medicine Student Affairs Director (Direction des affaires étudiantes de la Faculté de médecine) 2. Centre de prévention et d'intervention en matière de harcèlement (CPIMH) de l'Université Laval 1. MD Program Director (Direction du programme de doctorat en médecine)</p>	<p>“CPIMH” - Le Centre de prévention et d'intervention en matière de harcèlement provides oversight.</p>	<p>Unspecified</p>	<p>None specified.</p>
<p>University of Sherbrooke</p>	<p>Politique sur la promotion des droits fondamentaux des personnes et la prévention de toute forme de harcèlement et de discrimination. (20)</p>	<p>None specified.</p>	<p>Discrimination and Harassment.</p>	<p>Can bring complaint to harassment and discrimination prevention advisor or student life services; has formal and informal pathways</p>	<p>Procedure suggests Human resources to oversee reports via a steering committee.</p>	<p>Unspecified</p>	<p>Actions taken are in accordance with the policies and regulations of the University and the conventions and regulations.</p>
<p>McMaster University</p>	<p>Discrimination, harassment and sexual harassment: prevention and response. (21)</p>	<p>Policy and Procedures on Sexual Harassment (22)</p>	<p>Discrimination and harassment.</p>	<p>Includes informal and formal reporting process. Student can speak to a designated Intake Coordinator, persons of authority, university office and unions. Report must be made within 1 year of incident unless compelling</p>	<p>Human Rights and Equity Services oversees the complaints.</p>	<p>More information on reporting requires a medportal account from the University.</p>	<p>Actions include sanctions and remedies that shall be proportional to the severity of the violation.</p>

				reasons or extenuating circumstances.			
Northern Ontario School of Medicine	Discrimination and harassment policy. (23)	None specified.	Discrimination and Harassment.	Students should look to supervisors and those in senior roles to seek resolutions to issues affecting them	No oversight specified.	Two email addresses are given on the website as contacts to discuss mistreatment.	Actions taken can include disciplinary action up to and including termination of employment.
Queen's University	Interim workplace harassment and discrimination policy. (24)	Policy on Sexual Violence Involving Queen's University Students (25)	Discrimination and Harassment.	Complaints must be made to an advisor whose primary role is to address mistreatment concerns	Department of Human Resources to oversee mistreatment reports.	Unspecified	Actions taken can include reprimand, notation on personnel records, a public report of the findings and sanctions - loss of salary, suspension, dismissal, or expulsion.
University of Toronto	Protocol for "UME" - Undergraduate Medical Education students to report mistreatment and other kinds of unprofessional behaviour. (26)	Multiple additional policies encompassed by the protocol.	Incidents where someone harms a student in some manner, including physically, sexually, or emotional.	Students are expected to report incidents to individuals with authority. There is an online reporting tool for unprofessional behaviour with the option for anonymous reporting. For incidents of mistreatment students are expected to report to the Associate Dean, Health Professions Student Affairs (HPSA).	Oversight by the UME leadership. All reports may be included in statistical analyses of aggregate data, and these analyses may be shared at the discretion of the UME leadership.	Online reporting available through the MD program event disclosure form.	None specified

<p>University of Ottawa</p>	<p>Prevention of harassment and discrimination. (27)</p>	<p>None specified.</p>	<p>Discrimination and harassment</p>	<p>Reports are made directly to the office of the Vice-Dean of UGME or Assistant Dean of Student Affairs.</p>	<p>Oversight by the Vice Dean of UGME or Assistant Dean of Student Affairs.</p>	<p>Online reporting is available through the “Be in the Know” platform on the Faculty of Medicine website.</p>	<p>Each case is dealt with on a case by case basis. Members of the leadership team will assess the case to determine the best approach and most appropriate actions to be taken so as a corrective measure can be put in place.</p>
<p>University of Western Ontario</p>	<p>Non discrimination/harassment policy. (28)</p>	<p>None specified.</p>	<p>Discrimination and harassment and unprofessionalism</p>	<p>Reports can be made through an online tool or at one of the undergraduate medical education offices</p>	<p>Equity & Human Rights Services shall oversee the reports and make an annual report to the President with a copy to the University community and the Audit Committee of the Board.</p>	<p>Students can report online via the Learner Equity and Wellness webpage.</p>	<p>Actions taken are defined as “disciplinary sanctions.”</p>

<p>University of Manitoba</p>	<p>Prevention of learner mistreatment . (29)</p>	<p>None specified.</p>	<p>Disrespect for dignity of others, physical or psychological punishment, harassment, discrimination.</p>	<p>Formally through a report form or informally. Online Anonymous reporting available.</p>	<p>Oversight by the Dean’s Council and department heads; a de-identified data of both formal and informal reports will be shared with council on a quarterly basis.</p>	<p>Students can report online via an electronic Mistreatment Report Form.</p>	<p>The following actions are taken:</p> <ol style="list-style-type: none"> 1. Letter of apology 2. Attendance at educational/professional sessions, coaching sessions 3. Restricted access to the learning environment and learners 4. Consequences such as remediation, probation, notation on the performance record, dismissal or expulsion from the College, termination of academic appointment
<p>University of Calgary</p>	<p>Workplace investigation procedure. (30)</p>	<p>Policy and Procedures on Sexual Harassment (31)</p>	<p>Harassment, Mistreatment, and behavioral concerns</p>	<ol style="list-style-type: none"> 1. The “ODEPD” - Office of Diversity, Equity and Protected Disclosure. 2. Human Resources 2. The Student Conduct Office 	<p>Oversight is by the Director of HR Services in conjunction with the Associate Vice President of Human Resources.</p>	<p>Online reporting is not specified. Contact information for the Protected Disclosure Advisor is given on the website.</p>	<p>Actions taken can include: a dismissal, layoff, suspension, demotion or transfer, discontinuation or elimination of a job, change of job location, reduction in wages, change in hours of work or reprimand.</p>

<p>University of Alberta</p>	<p>Discrimination, harassment and duty to accommodate policy. (32)</p>	<p>Sexual Violence Policy (33)</p>	<p>Discrimination, harassment and sexual harassment are included. Misunderstanding and miscommunication, does not meet role recommendations to warrant a report.</p>	<p>Online reporting system</p>	<p>No oversight committee is specified.</p>	<p>Unspecified</p>	<p>The following actions can be taken:</p> <ol style="list-style-type: none"> 1. Informal conversations for single incidents 2. Non-punitive “awareness” interventions 3. Leader-developed action plans 4. Imposition of disciplinary processes
<p>University of Saskatchewan</p>	<p>Procedures for addressing instances of student discrimination, harassment and mistreatment. (34)</p>	<p>Discrimination and Harassment Prevention Policy (35)</p>	<p>Discrimination, harassment, mistreatment</p>	<p>Fill out and submit a written complaint form found online.</p>	<p>No oversight committee specified.</p>	<p>Online reporting is available through the University of Saskatchewan wellness webpage.</p>	<p>None specified.</p>
<p>University of British Columbia</p>	<p>Policy and process to address unprofessional behaviour (including harassment, intimidation) in the faculty of medicine. (36)</p>	<p>None specified.</p>	<p>Harassment, intimidation, and unprofessionalism.</p>	<p>Complaints can be brought to the attention of an immediate supervisor or the Associate Dean, Equity, within one year of the incident.</p>	<p>Oversight by the office of the Dean which must publish annually a report to The Dean and Faculty Executive statistical and summary reports on the number of complaints made, types of complaints, outcomes, educational activities, and an evaluation of this policy and its procedures.</p>	<p>Reporting requires a written request for formal investigation.</p>	<p>Actions are defined as non-punitive interventions for those involved in mistreatment cases.</p>