

Harassment Reporting Mechanisms for Physicians and Medical Trainees in Alberta

Description

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ABSTRACT

Purpose: Harassment is pervasive in medicine, but formal reporting is uncommon. We evaluated adherence to best practices for harassment reporting mechanisms (HRMs) available to physicians and medical trainees working in Alberta, Canada to make policy recommendations. **Methods:** HRMs were evaluated for adherence to best practices derived from literature, employment standards, case law and human rights legislation using a standardized data collection form. **Results:** Most HRMs lacked anti-retaliation policies and public reporting of the number, types, and outcomes of harassment reports. Few were able to enforce remediation or other consequences if an investigation revealed that harassment had occurred. For HRMs that were able to administer consequences and remediation, the severity of potential consequences for harassment limited application. **Conclusions:** Lack of concordance of HRMs with best practices contributes to unsafe and ineffective reporting, undermining efforts to reduce harassment in medicine. A systems-level policy to guide harassment reporting mechanisms is needed.

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