

Review of the Learning Environment in the Emergency Departments of St. Joseph's Health Centre and Southlake Regional Health Centre

Executive Summary

The Faculty of Medicine is fully committed to advancing equity and inclusivity in all that we do. From admissions pathways and advances in curriculum to clinical teaching and academic leadership, excellence through equity is a core value and pillar of our Academic Strategic Plan.

Last year, the Faculty received a letter from a lawyer representing a group of women physicians alleging gender discrimination in the Emergency Departments at Southlake Regional Health Centre, and in the past at St. Joseph's Health Centre (SJHC). Many of the assertions related to matters of hospital jurisdiction, including hiring practices, Emergency Department scheduling and workplace professionalism. The University encouraged the anonymous complainants to come forward so that it could pursue any claims that might come under its jurisdiction; that is, concerns specifically relating to Faculty of Medicine trainees and the clinical learning environment. The Faculty did not receive any first-hand accounts from individuals about their particular experiences. The Faculty reviewed teaching evaluation data from the two sites and saw no clear or conclusive evidence of equity issues related to trainees.

The Canadian Women in Medicine, and signatories to an online petition in spring 2019, urged the University to do more; the Faculty struck an external committee, composed of two women and one man, to conduct a review of the learning environment for U of T medical trainees in the Emergency Departments at Southlake and at St. Joseph's. The lead reviewer is a physician leader from a university outside Toronto with extensive experience in the medical learning environment; the second reviewer is a senior educator and emergency physician at a community hospital in the GTA; the third is a PGY5 medical resident.

The committee began its work in May 2019 with a survey of 469 Southlake and St. Joseph's residents who had completed an Emergency Department rotation between 2013-14 and 2017-18; the survey response rate was 22 per cent. Through the summer the committee conducted 21 semi-structured 30-minute interviews (and two 60-minute interviews) with faculty, previous learners, emergency physicians and other health professionals from both hospitals. It also held two private one-hour focus groups with current Family Medicine residents on separate days at St. Joseph's and Southlake. Additionally, the committee reviewed all trainee evaluation data for the sites over a seven-year period. Its final in-person meeting was in August, with report-writing completed in September and October.

The committee recently provided the Dean's office with a confidential report and recommendations based on their findings, which included: reports of a culture that favoured men having pervaded the learning environments at the two clinical sites in the past; a lack of role modelling for women, along with a corresponding lack of mentorship available to female learners; and existing mechanisms to identify concerns that were not robust enough to flag potential issues to the site or program.

While many of the committee's interviewees noted male-only staffing in the ED at both sites over the years, a focus group composed of current residents noted that this has changed in the past two years at St. Joseph's: "They indicated that they feel well supported, believe that staff are motivated to teach, and



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that their supervisors help achieve their learning objectives," the report says. It also notes that current residents at Southlake commented that they felt their teachers were "excellent role models".

Based on the committee's recommendations, the Faculty has begun a review of its processes, in collaboration with its affiliated teaching sites, to determine how to better detect potential gender inequities and imbalances at clinical rotation sites and flag them for review.

The Faculty has also committed to greater faculty development on the assessment process for learners in EDs; more coordinated systems for trainee scheduling in Emergency rotations; more consistent orientation sessions for learners prior to their first ED shift and; trainee mentorship with women physicians in Emergency Medicine.

Work is already underway to build a common learner/teacher evaluation system across the MD program and postgraduate medical education programs. These system-wide improvements build on the excellent foundation of data-gathering and analysis led by the Faculty's Office of Inclusion and Diversity (OID).

Under the leadership of Associate Dean Lisa Robinson, the OID also advises and collaborates on the implementation of equity and diversity priorities for the Faculty in the areas of admissions, recruitment, curriculum education and faculty retention. Prof. Robinson also chairs the Diversity Advisory Council, a Faculty-wide group that provides advice and recommendations related to priority equity initiatives.

On behalf of the Faculty of Medicine, I would like to express my gratitude to the external committee members and for the administrative support of our Postgraduate Medical Education (PGME) office, under the leadership of Vice Dean, Post MD Education Sal Spadafora and Associate Dean, PGME, Glen Bandiera. Working together with our hospital partners we are committed to ensuring the learning environment is equitable, appropriate, safe and conducive to preparing all learners for independent practice.

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