LE BULLETIN

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HARASSMENT DURING RESIDENCY. IT'S TIME FOR ACTION!

FÉDÉRATION DES MÉDECINS RÉSIDENT·E·S DU QUÉBEC

AVAILABLE POSITIONS

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HARASSMENT . . . EVER A TOPICAL ISSUE

Despite the decades-long struggle against bullying/harassment in our postgraduate education sites, that virus is still resistant to all treatments, and continues to inflict damage among us. The FMRQ has been conducting province-wide campaigns against psychological and sexual harassment since 1996. This year, we took another look, polling members once again to establish the most accurate profile possible of the situation, to enable us to respond even more effectively to eliminate this scourge.

In this issue, we present a summary of the findings of the survey conducted on all resident doctors in spring 2026, along with vignettes exploring different scenarios we have identified through colleagues to help you clarify what harassment is and the forms in which it can be manifested.

Then we summarize the talk on resilience given by Prof Rachel Thibeault during Resident Doctor Day, May 1, 2026. The speaker, who helps carers develop resilience here and abroad—indeed, she was fresh back from Ukraine when she spoke to us—offered several tips and tricks for enhancing our resilience. The approach of this researcher, occupational therapist, and PhD in psychology helps victims of harassment relativize the situation so as to respond more effectively to it and develop mechanisms to prevent negative reactions that are harmful to individuals wishing to report and/or turn the page on such situations.

In these pages you will also find the names of the 2026 Excelsior Award winners, fellow residents who contribute to enhancing their colleagues' health and wellness through their initiatives in their professional settings or communities. Finally, our legal column presents the types of recourse accessible to you in your training sites, and through your association and the FMRQ. Several resource persons are available at the Federation to answer your questions, so please feel free to consult them.

In closing, I wish you all a great summer. To those of our colleagues continuing your residency alongside us, I look forward to joining you again for a new academic year that we hope will be a calm one for us all. And to our new PGY-1 colleagues just joining the Federation, I send you our warmest welcome.

Louis-Charles Desbiens, M.D.
President

1.

2026 SURVEY ON HARASSMENT DURING RESIDENCY

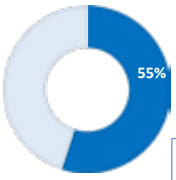
Dr Darya S. Jalaledin
FMRQ Vice-President 2025-2026

Ten years ago, the FMRQ polled its members concerning harassment to gauge the scope of harassment during residency, repeating a survey conducted in 1996. This year, we wanted to check whether the recommendations emerging from the 2016 findings had borne fruit. The main results of this year's poll are set out in the following pages. They were presented by Dr Darya S. Jalaledin, FMRQ Vice-President and director responsible for the Federation's Resident Wellness Committee (CBER) at Resident Doctor Day on May 1, 2026. Clearly, this new survey still offers a worrisome profile of the ravages of psychological and sexual harassment in postgraduate education sites in Quebec. Here are the findings of this research.

METHODOLOGY

The questionnaire was sent to 3,694 resident doctors and clinical fellows. A total of 497 people responded, for a 13.45% response rate. The proportion of men, women, and individuals with other gender identities reflects the profile of the FMRQ's membership. Also, four programs have the most representation: Family Medicine (30%), Internal Medicine (14%), Psychiatry (5.5%), and Anesthesiology (5%).

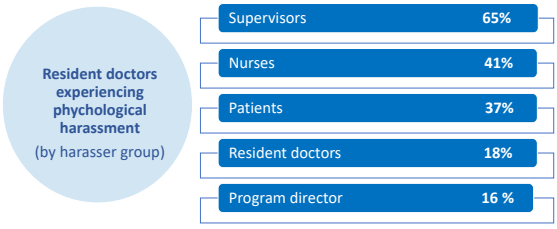
FINDINGS



Of resident doctors responding, 55% said they had been the victim of psychological harassment during their residency.

Of these respondents::
- 45% said they had experienced discrimination
- 17.5% said they had received remarks or gestures of a sexual nature

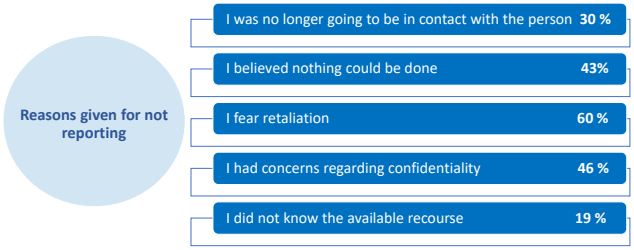
In answer to the question aimed at identifying the number of resident doctors who have been victims of psychological harassment, 55% of respondents said they had been victims of harassment during their residency. To help respondents, we had provided a definition of psychological harassment and listed several characteristic vexatious behaviours, including isolation, threats, and disparaging remarks. Indeed, 45% of respondents among victims of harassment said they had experienced harassment on the basis of gender, age, ethnic origin, sexual orientation, political beliefs, or disability. In addition, 17.5% said they had received remarks or gestures of a sexual nature.



We also tried to identify the provenance of manifestations of harassment by group of carers or other individuals involved, including patients. The results showed that 65% of resident doctors having experienced psychological harassment said they were harassed by supervisors, 41% by nurses, 37% by patients, 18% by fellow residents, and 16% by program directors. Note that, depending on the group to which the harasser belongs, the possible action and reporting can vary. But what can you do when you are the victim of harassment?

The decision as to whether or not to report harassment depends a lot on the situation and the victims. Among survey respondents who had experienced harassment, 57% said they spoke about their situation with trusted individuals; 47%—still a rather high proportion—did nothing; 24% reported the behaviour; 17.5% consulted a healthcare professional; 14% spoke with the person who harassed them; and 6.5% contacted their association or the FMRQ to help them resolve the situation.

Note also that 16.5% of resident physicians who responded to the survey reported the situation or filed a complaint or a grievance. But what are the reasons preventing residents from reporting the harassment they experience?



Different reasons are given by members for not reporting harassment. The first is fear of retaliation, mentioned by 60% of respondents having experienced psychological harassment. The second involves concerns as to the confidentiality of conversations (46%). Also, 43% said they thought nothing could be done in their situation, while 30% dropped it because they were no longer going to be in contact with the harasser. One of the results that particularly concerns us is that 19%, or close to one-fifth of members, are unaware of the recourse available to them to act in harassment situations.

In the following pages, we present some situations which may or may not constitute harassment.

2.

DO YOU CONSIDER THESE SITUATIONS TO BE HARASSMENT?

To better identify the boundaries that determine psychological harassment, here are some vignettes reproducing situations experienced by colleagues during their rotations that have been analysed by the FMRQ.

First scenario: The staff physician is picking on a resident, but is that vexatious conduct?

Today in the OR, my staff physician made another one of her usual comments to me! There we were, a fellow resident and I, just completing the procedure. She asked me to do the suturing. I'd barely done two sutures when she said to me: "Look, you're taking a long time, even the medical students can do a better job than you." She told me that in front of the other resident doctor, staff physicians, and nursing staff. It was so insulting! I can't work with that staff physician any longer, she's always doing that! "Come on, don't be a baby, pull properly!" or "Oh, not that rookie again, have to do everything for her." A disparaging word every time I work with her, just to put me off balance.

It is important here to differentiate between inappropriate behaviour and vexatious conduct. Vexatious conduct is conduct that is humiliating and abusive for the person on the receiving end, hurts their self-esteem, and causes them substantial distress. It is behaviour that exceeds what a reasonable person considers appropriate in performing their work. When it happens only once, it does not necessarily constitute psychological harassment, even if it has a detrimental impact. But when the comments are made repeatedly, as in our example, we are now in the realm of psychological harassment. In such a case, you are entitled to take steps to put a stop to the situation.

Second scenario: Management right or abuse of authority

I had a disastrous week on the floor with my staff physician. I had the misfortune to make a tiny mistake when I was teaching the medical students, and now you'd think his life's mission was to prove to everyone that I don't know a thing. He spent a week pimping me on really impossible subjects! It was quite clear he was aiming to belittle me, and make me look completely useless in front of the other resident doctors and medical students. Then at the end of the week he came and told me that if I don't know my discipline, I have no business teaching it to medical students and should ask myself whether I'm up to being a doctor.

In the scenario above, we want to differentiate employers' management right from abuse of power. Management right is employers' right to monitor and oversee their staff's behaviour and performance. Thus the rotation supervisor has a certain management right over resident doctors, just as residents have management right over medical students. So management right means certain measures may be imposed in order to keep the care unit running smoothly, for instance. A supervisor who takes charge of a medical act in lieu of a resident doctor can therefore do so on the basis of his management right. Just as pimping technique, sometimes unpleasant, is not necessarily abusive. But, if supervising physicians use it maliciously, or to humiliate the learner, that is considered to be abuse of power, and therefore psychological harassment.

DO YOU CONSIDER THESE SITUATIONS TO BE HARASSMENT?

Third scenario: A difficult but fair assessment or an humiliating one

Brian, an R1, had a difficult rotation. The staff physicians made several negative comments to him on the quality of his work, and this irritated him on more than one occasion. "Why're they always on my case?" At the end of the rotation, the program director met him and gave him an assessment sheet on which there were several notations stating that Brian hadn't achieved the rotation objectives. The final rotation assessment was "unsatisfactory." The program director explained to Brian, calmly and objectively, the context of each element of the assessment, with specific examples showing why he hadn't achieved the rotation objectives, and what he can do differently in the future in order to improve. Brian left the meeting feeling humiliated, he'd never had a Fail before, and feels he was incorrectly assessed.

Rotation assessments often lead to difficult situations for resident doctors, but they are designed to foster the progression of those being assessed. The situation described in this vignette does not constitute psychological harassment. But if the person concerned by this assessment feels they have been wronged by the assessor's conclusions, they can initiate a process to dispute the Fail.

Fourth Scenario:
Difference of opinion or psychological harassment

Donna, that respiratory tech, I CAN'T TAKE HER ANY LONGER! OK, basically, we don't see eye to eye when it comes to ventilation for very premature infants. We've often had some pretty intense arguments about it. She comes to see me during rounds to tell me: "Look, that baby's been at 45 PCO2 for two days, I don't understand why you're not doing anything!" Try as I can to explain to her why I'm following this procedure, she just refuses to understand. It's got to the point that she's gone to my supervising staff physician to ask him to make changes I don't agree with. That really annoys me!

source: https://fmrq.qc.ca/soutien-au-bien-etre/harcelement-psychologique/

In the scenario above, it is important to understand clearly the difference between work conflict and psychological harassment. When there is a difference of opinion, the discussion is centered on a defined subject of conflict, in this case ventilation of patients. In a harassment case, the topic of conflict varies, but the conduct of one of the parties is always repetitively centered on the other party. For instance, the repetitive hostile words and behaviours calling the resident doctor's personality into question, regardless of the subject, could be likened to psychological harassment

Fifth Scenario:
Unhealthy behaviour or sexual harassment

My staff physician's been making me uncomfortable with weird looks and comments since I began my rotation. The first week, he told me he liked it when I wore tight-fitting clothes. Last week, he asked me to be available around 5 pm to meet a patient. Just before 5 pm, he came up to me and said, "We don't need to meet the patient after all. Since you're free, let's go and have a drink together." Each week, he makes comments I'm uncomfortable with. Every time, I tell him to stop, but he keeps on doing it. Now I'm afraid to go to work and I'm having trouble sleeping.

Finally, this last vignette raises the question of sexual harassment. In this example, it is clear that the supervisor's conduct is vexatious and repetitive, although the resident had told him several times that she was not interested. Also, this situation has led to a harmful work environment that has an impact on the state of her health. Recourse is possible in such situations.

To report harassment and identify the best action to be taken in your case, we invite you to get in touch with Stéphanie Chevance, Co-ordinator, University Affairs, or Marie-Anik Laplante, Co-ordinator, Union Affairs at info@fmrq.qc.ca

In line with our Policy for Socially and Ecologically Responsible Action, the *Bulletin* is no longer automatically mailed out to members. An electronic version is available at all times via the FMRQ's mobile app and on our website.

If you no longer wish to receive the Bulletin by mail, please let us know via the FMRQ's mobile app. To do so, click on the **Resources** tab at the bottom of the screen, then on ***Bulletin*, a theme-based publication designed for you**, then on **I no longer wish to receive the *Bulletin* by mail**.

3.

EXPERIENCE OF OUR COLLEAGUES IN SWITZERLAND

To look more deeply into the situation in various settings, the FMRQ called on two individuals working to wipe out psychological and sexual harassment in postgraduate education sites in Switzerland. Indeed, these researchers made a presentation during the yearly meeting of the Quebec university network for the health of medical residents and students (RUQSREM), hosted by the FMRQ on March 16, 2026.

Dr Sara Arsever is a physician attached to the University of Geneva, while Prof. Joëlle Schwarz is a researcher attached to the University of Lausanne. Both of them have set up workshops to raise awareness of sexual harassment for medical students and physician instructors in their respective sites.

Professor Joëlle Schwarz
Head of research
Co-head of the Health Gender Unit -
Polyclinics Department of Unisanté
University Center for General Medicine and Public Health in Lausanne

Prof Joëlle Schwarz leads research projects and is co-head of the Health and Gender Unit in the polyclinics department of Unisanté, the university centre for general medicine and public health in Lausanne. She has set up a course entitled *Prevention of sexism and sexual harassment in clinical settings*, a forum theatre workshop including discussions offered to third-year medical students. The goal of her course is to identify problem situations facing resident doctors, to enable them to protect themselves from them and act in those problem situations, as target or witness, and to be aware of available support resources. For Prof Schwarz, it is possible to act in the face of harassment. Both victim and witness can react during or after the event. It is suggested, though, not to confront the harasser, and call on available resources. Prof Schwarz also presented a hospital violence meter—or *violent'hospitomètre*—a table showing the progression of sexist violence that was developed with the assistance of the CLASH collective, comprising medical students and residents.

Hospital violence meter

Progression of sexist violence in tabular form

- Your department is inclusive
- You feel you're in a caring environment
- Parental leave is respected
- Positions with responsibility respect male-female equality

EVERYDAY SEXISM

SEXISM

- "You have to choose between being a nurse and being a mother"
- "It takes two women to do the work of one man"
- "I've got work to do, I don't chat all day long like a chick!"
- At cocktail hour, the department head says: "Women, by their very nature, aren't made to be surgeons"
- "Valérie, you're the only woman! Make us coffee!"
- "Are you on your period, or what?"

SEXUAL HARASSMENT

- "This is the delectable little Marie, your new colleague!"
- "You'll be my trainee, because I only have cute chicks around me!"
- "She's sexually frustrated anyway"
- "Rectal catheters? Ask the trainee, she knows all about that kind of thing!"
- "In surgery, as in sex, the important thing's the tempo"
- "The weather's going to be good tomorrow, you'll be able to wear a light dress"
- "The department head called me sweetheart all day long"
- "If you're not pregnant, I can fix that!"
- "Want me to go to the dressing room with you?"
- "Apparently you like sex?"
- Your superior's constantly messaging you to find out if you're available for a coffee.
- At the symposium, a doctor touches your buttocks as he goes past, saying you were in his way.
- You're forced to kiss or have sexual relations.

Source: CLIT association, collectif livre et inclusif pour tous (Lyon, 2023), CHUV, CLASH Étudiant·e en médecine, canton de Vaud.

Dr Sara Arsever
Assistant doctor
Deputy Unit Head, Geneva University Hospitals (HUG) and Co-chair of Medicine, Gender and Equity Group Faculty of Medicine's Equality Commission

Dr Sara Arsever, a physician, is deputy unit head with Geneva University Hospitals (HUG), and co-chair of the medicine, gender and equity group of the Faculty of Medicine's Equality Commission. Like Prof Schwarz, she uses forum theatre to raise volunteer physician supervisors' awareness and bring them to recognize sexual harassment. In her view, there should be zero tolerance at all times, to ensure that situations that may seem quite trivial, often disguised by humour, for instance, do not open the door to far more problematic situations and, in the longer term, the development of a toxic work and study climate. She stresses that witnesses are also hostages to vexatious behaviour toward their colleagues. She has created pocket cards displaying hospital and university resources combatting psychological harassment that are distributed to the physician instructors taking part in the workshops. The reverse lists action strategies before, during, and after the event.

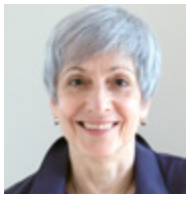
ACTION STRATEGIES AGAINST HARASSMENT AND DISCRIMINATION

BEFORE	DURING	AFTER
· Take a breath · Think before acting · Observe body language · Bring a collective action	· Express your disagreement · Re-establish the ground rules · Ask the author to repeat · Offer the victim help · Protect and remove the victim · Use distractions · Remain present · Verbalize what is happening · Stay calm · Make "I" (not "you") statements · Remind people of best clinical practices · Seek support from the hierarchy	· Support the victim · Direct the victim to resources · Let the victim decide · Co-ordinate with colleagues · Document the facts · Report the facts · Re-establish the ground rules · Remind people of the impact on the workplace and quality of care · Express your disagreement

Do not: Use violence | Place yourself in danger | Use insults | Touch the aggressor

4.

PSYCHOLOGICAL HARASSMENT: AFTER ACTION, RESILIENCE



Rachel Thibeault, OC, PhD, OT(c)
Consultant in psychological resilience, peer support, and community-based rehabilitation

Our guest speaker, Professor Rachel Thibeault trained as an occupational therapist. She also has a PhD and has completed postdoctoral training in psychology, and for more than 45 years has been accompanying individuals and communities in complex contexts. She has been conducting research on resilience for 35 years. She works regularly with the Quebec Physicians' Health Program (QPHP), HEC Montréal's healthcare management hub (Pole santé), the International Committee of the Red Cross (ICRC) in Geneva, and the UN. She is involved in numerous partnerships, including support for carers in Ukraine, in the context of the current war.

SIX-STEP FORMULA

Professor Thibeault's presentation dealt specifically with how to react in a situation of psychological harassment and its impact on our ability to overcome the related stress. In that context, she offered a six-step non-linear "generic" formula, based on emotional regulation, to be adapted to each situation.

6-STEP FORMULA, NOT ALWAYS LINEAR

1. Don't react emotionally (confront agressively).
2. Shift attention to bring the emotional intensity back to a level where we can observe ourselves and react appropriately.
3. Return to our intention during the event, to a fair evaluation, our intrinsic value : a form of self-compassion.
4. Act when you can .
5. "Metabolize" the residual physical or cognitive impact over time by alternating contact with emotions and eudemonic activities.
6. Cultivate emotions that generate resilience.

1. First of all, don't react emotionally (confront aggressively)

That kind of reaction would be a natural reflex, but it is hard to control our emotions in such cases. Harassment threatens us on two deep levels: identity, and safety. With respect to identity, it directly concerns our competence (professional harassment) or the objectification of who we are (sexual harassment). With regard to safety, it is our fears that generate the strongest reactions, because the consequences are serious. We are concerned about continuing and successfully completing residency. These are legitimate, normal reaction, but it is imperative that we control them.

Prof Thibeault proposed two immediate strategies: a cognitive strategy—it must be remembered that negativity bias multiplies threats by a factor of 3 to 5 (Lupien 2021; Tierney & Baumeister, 2019)—and a physical strategy of tension and relaxation, and cyclical sighs. Parasympathetic reaction has to be stimulated to avoid exploding. Rachel Thibeault described cyclical sighs involving breathing in through the nose and exhaling through the mouth and nose until the diaphragm is fully contracted. To be repeated, as described in the illustration below. Just be sure not to react that way in front of the harasser!

CYCLIC SIGHING

(Leggett, 2023)

1 OR 2 DEEP SIGHS

- Breathe in deeply through your nose
- Take an additional sip of air through your nose
- Exhale in one go through your mouth and nose until all the air is gone (diaphragm fully contracted)
- Repeat

2. **Shift attention** to bring the emotional intensity back to a level where we can observe ourselves and react appropriately. There are three main traps to be avoided: explosion, resentment, and displacement. We have to be careful not to harbour chronic resentment, which will mean we displace our emotions onto our colleagues, or our family and friends, because we can't do so with the harasser.

3. **Return to our intention during the event, to a fair evaluation, our intrinsic value: a form of self-compassion**. You have to distance yourself and ask yourself: What would I think if the same thing happened to someone I love? What would I suggest they do in the circumstances?

4. **Act when you can**. Even minimal action can have a beneficial effect. Just taking action will have a major impact.

5. **"Metabolize" the residual physical or cognitive impact over time by alternating contact with emotions and eudemonic activities**.[1] Emotion can be regulated by distraction: alternate between contact with the emotion and the healthy, captivating activity. Choose relaxing activities, a contribution, intense physical activity. These actions provide a counterbalance, and nourish our resilience.

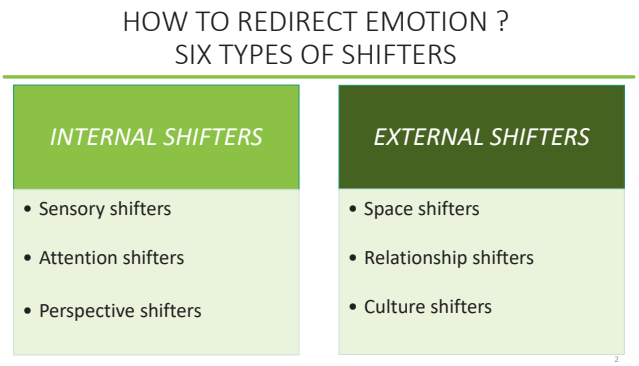
6. **Cultivate emotions that generate resilience**. Remember brief experiences (c. 30 seconds) that recalibrate us there and then, experiences that prevent us from losing ourselves in anxiety and negativism. Prof Thibeault pointed out that her most recent trip to Ukraine was very hard, and catastrophic for the carers on-site. You have to reprogram and learn to see what is beautiful, good, and positive in our environment.

In her presentation, Prof Thibeault emphasized that new discoveries in neuroscience are updating knowledge as to the key role of predictions. She maintains that action must be taken on two levels: with respect to prediction, to defuse the invading emotion, and with respect to the body, to defuse stress and physical reactions. In defusing the prediction facet, we defuse the reaction. There are no traces of stress left if there is no longer any prediction, and the symptoms will disappear.

Prof Thibeault is adamant. We cannot control the appearance or strength of spontaneous emotions, but we can learn to redirect them and adjust their intensity, duration, and direction. What we de not control: spontaneous emotions. What we do control: the trajectory of the emotions unleashed.

SHIFTERS THAT ALLOW US TO REDIRECT EMOTION

The resilience expert also reviewed the shifters than can have an impact on our return to wellness. Our attention has to be drawn elsewhere to reduce the pull of the emotion triggered by the situation, so as to manage it better subsequently. Based on her research, Prof Thibeault highlights six types of shifters: internal shifters—sensory shifters, attention shifters, and perspective shifters—and external shifters—space shifters, relationship shifters, and culture shifters.



Internal shifters help counterbalance emotions that are likely to drag us in their wake

Sensory shifters can help us before, during, and after the harassment episode. Think of smells that relax you, and touch (fabric, animals), hearing (calming music), sight (landscape, place), taste (a food or drink that relaxes you), breathing (cycling breaths and sighs), and stretching.

Attention shifters involve avoidance or distraction. In the long term, avoidance is a harmful practice, but sometimes avoidance and distraction are healthy, particularly in situations of powerlessness or emergency.

Perspective shifters invite us to modify our beliefs to see whether they can influence anticipated consequences. We have to change our viewpoint, look at the situation from outside. It is also helpful to remember our successes in similar situations.

External shifters help regulate emotions

Space shifters help us manage our emotions more effectively, in particular by changing our location or modifying our environment. We can also identify emotional oases that allow us to recharge (river, forest, park).

Relationship shifters can help us or exacerbate the situation. Emotional contagion can be negative or positive. We have to seek the support of individuals who help us regulate our emotions and empower us.

Culture shifters also have an impact that can be positive or negative. Culture and religion have a profound impact on our emotional lives and our behaviours.

[1] **In psychology:** Unlike hedonism (quest for instant gratification), the eudemonic approach refers to deep wellness, linked to self-actualization, personal growth, and quest for meaning.

5.

LEGAL COLUMN: PSYCHOLOGICAL HARASSMENT IN RESIDENCY

Me Audrey Laganière
Director of Legal and Corporate Affairs

Every person who works has a right to fair and reasonable conditions of employment which have proper regard for his health, safety and physical well-being, in accordance with the *Charter of human rights and freedoms*.[2]

Thus, **every resident doctor has a right to a workplace and learning environment free from psychological harassment** pursuant to the *Act respecting labour standards*,[3] the *Civil code of Quebec*,[4] the *Act to ensure the protection of trainees in the workplace*,[5] university policies, and the *collective agreement*.[6]

Moreover, Article 3.04 of the collective agreement stipulates that:

> "Residents shall undergo no form of psychological harassment or intimidation from anyone whatsoever, in particular from a person working in the establishment or being located there for professional reasons."

In this column, we will first present a definition of psychological harassment, then the employers' and universities' obligations, and finally a brief summary of informal and formal types of recourse, and the help the FMRQ can give you in such situations.

1. DEFINITION OF PSYCHOLOGICAL HARASSMENT

Psychological harassment is defined by the *Act respecting labour standards*[7] as:

1. vexatious behaviour;
2. in the form of repeated conduct, verbal comments, actions or gestures
3. that is hostile or unwanted;
4. that affects an employee's dignity or psychological or physical integrity; and
5. that results in a harmful work environment.

Note that a single serious incidence of such behaviour that has a lasting harmful effect on an employee may also constitute psychological harassment.[8]

Psychological harassment also includes:

- Sexual harassment (which may manifest as physical or verbal harassment)
- Discriminatory harassment, that is, psychological harassment based on any of the grounds set out in the *Charter of human rights and freedoms*,[9] including:
  a. Ethnic origin
  b. Age
  c. Pregnancy
  d. Gender identity
  e. Religion
  f. Political convictions
  g. Handicap

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[2] *Charter of human rights and freedoms*, CQLR c C-12, s 46.
[3] *Act respecting labour standards*, CQLR c N-1.1, ss 81.18 to 81.20.
[4] *Civil code of Quebec*, CQRL c CCQ-1991, art 2087: The employer is bound not only to allow the performance of the work agreed upon and to pay the remuneration fixed, but also to take any measures consistent with the nature of the work to protect the health, safety and dignity of the employee.
[5] *Act to ensure the protection of trainees in the workplace*, CQLR c P-39.3, ss 18 and 19.
[6] *Collective agreement binding the* Fédération des médecins résidents du Québec *and the four affiliated associations, and the Minister of Health*, arts 3.03 and 3.04.
[7] *Supra* note 2, s 81.18.
[8] *Ibid*
[9] *Supra* note 1, s 10.

Several types of behaviour may be associated with psychological harassment. Quebec's labour standards and workers' compensation board (*Commission des normes, de l'équité, de la santé et de la sécurité du travail*, or CNESST) gives some examples of behaviour that may constitute psychological harassment:[10]

- Preventing a person from expressing themselves
- Isolating a person
- Belittling or discrediting a person
- Threatening or assaulting a person
- Humiliating a person
- Behaving inappropriately

To determine whether behaviour constitutes psychological harassment, an objective analysis process has to be applied. You have to ask yourself whether a **reasonable person** who is objective and fully informed as to all the circumstances would consider it to be psychological harassment if they were in a similar situation.[11]

2. OBLIGATIONS OF EMPLOYERS (HEALTHCARE ESTABLISHMENTS) AND UNIVERSITIES WITH RESPECT TO PSYCHOLOGICAL HARASSMENT

Obligation to prevent and put a stop to psychological harassment

Employers and universities have the following obligations with respect to psychological harassment:[12]

1. **Take reasonable action to prevent psychological harassment**
2. **When they become aware of such behaviour, put a stop to it**

In this context, healthcare establishments and universities have adopted policies to prevent and manage situations of psychological harassment.[13]

Sexual violence

In accordance with the *Act to prevent and fight sexual violence in higher education institutions*,[14] each university has adopted its own policy concerning sexual violence that sets out several obligations, including:

- Implement prevention measures
- Provide annual training activities
- Implement rules for social activities
- Adopt procedures for filing complaints
- Implement measures to ensure the confidentiality of complaints
- Offer reception, referral, psychosocial and support services
- Provide for applicable penalties
- Adopt a code of conduct specifying the rules that a person who is in a teaching relationship with or a relationship of authority over a student must comply with if the person has an intimate relationship, such as an amorous or sexual relationship, with the student.

In addition, a new regulation[15] coming into effect on May 27, 2027 sets out similar obligations for employers with respect to sexual violence, namely:

1. Obligation to inform employees in writing of risks in the workplace (risks, measures to be taken, procedure to be followed, etc.);
2. Obligation to provide training, and to give it again every three (3) years (from May 27, 2028);
3. Obligation to provide for a complaints procedure and to grant the worker the right to be accompanied.

We therefore invite you to consult the applicable psychological harassment and sexual violence policies at your university and in your healthcare establishment for a better understanding of the prevention measures and the complaints process.

3. RECOURSE

Since resident doctors have dual status as employees of a healthcare establishment and postgraduate students in a university's medical faculty, there are several types of recourse available for putting a stop to a psychological harassment situation, depending on the context.

Each situation has to be individually assessed to determine the appropriate recourse, notably with regard to the following elements:

- Facts
- Evidence and witnesses
- Context
- Time frame
- Individuals and entities involved
- Objectives
- Consequences
- Confidentiality

If the concerns are common to several resident doctors, it might also be appropriate to take a collective approach.

Therefore, if you believe you are experiencing psychological harassment, we invite you to **contact the FMRQ** so as to have a clear idea as to what your options are and to determine which is the most appropriate for your situation.

[10] Quebec's labour standards and workers' compensation board (CNESST), *Psychological or sexual harassment in the workplace*, online: https://www.cnesst.gouv.qc.ca/en/prevention-and-safety/healthy-workplace/harassment-workplace/psychological-or-sexual-harassment-workplace.
[11] *Ibid*
[12] *Supra* note 2, art 81.19.
[13] *Ibid*
[14] *Act to prevent and fight sexual violence in higher education institutions*, CQLR c P-22.1, see in particular section 3.
[15] *Regulation respecting the measures to prevent or put a stop to sexual violence*, O.C. 741-2026, May 13, 2026.

For your information, the different types of recourse possible are presented below for resident doctors who believe they are experiencing psychological harassment within the framework of their training or in their workplace. As mentioned earlier, these types of recourse do not all have the same burden of proof, the same objectives, and the same outcomes and consequences.

Universities (residents as postgraduate students)

Each university has its own reporting and complaints procedure for psychological harassment situations, so the relevant policies have to be consulted to find out about the process. Generally speaking, however, the situation may be reported, informally or formally, to the following entities:

- Program director's office
- Office of the Associate Dean for Postgraduate Medical Education
- Faculty aid centre
- University centre for assistance in the fight against harassment and sexual violence
- Ombudsperson

Employers/Healthcare establishments (residents as employees)

If the facts involve a person working in a healthcare establishment, you may file a complaint with the Office of the Service Quality and Complaints Commissioner.[16]

Your association may also file a grievance with the establishment concerned. The goal of such recourse is to ask the employer to take steps to put a stop to psychological harassment or, should the employer fail to comply with its legal obligations, to seek compensation. You must contact your association's union affairs representative or the FMRQ to obtain all the information needed for such recourse (legal criteria, burden of proof, time frame, your own involvement, consequences, etc.). A comprehensive analysis of your file will then be carried out.

Accreditation process

Canada-wide evaluation requirements for institutions and postgraduate medical education programs are defined by the **General Standards of Accreditation** of the Canadian Residency Accreditation Consortium (CanRAC). This consortium comprises three regulatory authorities: Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC), and *Collège des médecins du Québec* (CMQ). These criteria guarantee the quality of teaching and of clinical training sites. According to the **standards applicable to programs**, residents have to enjoy a positive learning environment conducive to their wellness. Moreover, one specific criterion involves ascertaining whether "the mechanism to receive, respond to, and adjudicate incidents of discrimination, harassment, and other forms of mistreatment is applied effectively."[17] At the same time, the **standards for institutions** provide an overall framework for establishments to establish a psychologically safe climate. They require "the postgraduate office (to have) an effective process for reporting and addressing instances of mistreatment."[18] Consequently, any problem situation can be reported during a faculty accreditation survey.

Reporting to a professional order

Finally, you may report a situation to a professional order (*Collège des médecins du Québec*, *Ordre des infirmières et infirmiers du Québec*, etc.) in the event the professional's alleged behaviour involves their professional and ethical obligations.

In conclusion, each situation has to be assessed on a case-by-case basis in order to determine whether it can be considered to involve psychological harassment and which recourse would be the most appropriate. **Since all resident physicians have to be able to enjoy a work and learning environment conducive to their wellness which has proper regard for their health, safety, physical integrity, and dignity, please feel free to get in touch with your association or the FMRQ at info@fmrq.qc.ca or intimidation@fmrq.qc.ca so that we can guide you through the process.**

[16] *Act respecting the governance of the health and social services system*, c G-1.021, ss 671 and 672: Any person may file a complaint (…) with regard to the health services or social services that fall under the jurisdiction of a public institution.

[17] Accreditation Standard 5.1.3.4. (for residency programs)

[18] Accreditation Standard 4.1.4.5. (for institutions with residency programs)

6.

2026 EXCELSIOR AWARD WINNERS

At Resident Doctor Day, May 1, 2026, the FMRQ paid tribute to six residents who had received Excelsior Awards for projects they have carried out during their residency. These projects have to foster wellness in their respective training sites or communities. The recipients of the five projects are given a certificate of recognition, along with a cheque for $2,500.

Dr Jeremy Levett
PGY-3 in Cardiac Surgery

Dr Jeremy Levett is a PGY-3 in Cardiac Surgery, and the creator of Stenoa, a digital health platform designed to address one of the most critical challenges in modern healthcare: the co-ordination of time-sensitive, high-acuity care across complex systems.

Developed in Quebec, Stenoa builds mission-critical infrastructure for care co-ordination, communication, and real-time analytics, enabling seamless collaboration among pre-hospital teams, referring centres, and tertiary care hospitals.

The project originated as a reaction to workflow inefficiencies that were directly impacting patient outcomes, physician workload, and the quality of resident training. Today, Stenoa is actively deployed in more than 10 hospitals across Quebec and has supported the care of more than 3,500 patients with acute myocardial infarction.

Dr Levett led the development of the project from its inception to its implementation in care sites. The project was born from his direct experience as a resident physician, where he observed how fragmented communication systems and administrative inefficiencies contributed to delays in care, worse outcomes for patients, and increased costs for the healthcare system.

Stenoa advances the medical profession by improving the efficiency, reliability, and quality of care delivery in time-sensitive situations. It provides clearer clinical workflows, better access to real-time information, and reduced administrative burden, thus allowing practising physicians and resident doctors to focus more closely on clinical reasoning and patient care.

Dr Valery-Drice Tchomba
PGY-5 in Psychiatry

Dr Valery-Drice Tchomba is a PGY-5 in Psychiatry. His project aims to improve anti-racism approaches in medicine through the implementation of SMART (Self-Assessment for Modification of Anti-Racism Tool), which has been implemented in the Psychiatry Outpatient Clinic at Notre-Dame Hospital. This initiative builds on an observation that is already well documented: implicit bias in health professionals contributes to health disparities and affects the quality of care delivered to patients from ethnocultural minorities.

The SMART tool is used to conduct a structured assessment of the organization's anti-racism efforts by means of a standardized questionnaire exploring the different dimensions of systemic racism. Dr Tchomba developed and gave presentations to equip health professionals with tangible self-assessment and intervention strategies. He has since given some 20 talks across Quebec to present the tool, notably at the FMOQ's annual conference, and for the University of Montreal Family Medicine and Emergency Department annual faculty development day and the Equity, Diversity, and Inclusion Day (*Journée EDI*) of the Quebec Association of Psychiatrists (AMPQ) aimed at department heads. This local project has quickly become a lever for mobilization to move practices forward toward delivering medical care that is more inclusive, more reflective, and fairer.

Dr Tchomba's project has reached different Psychiatry, hospital, university, and interprofessional sites, as well as professionals from different areas, in particular in Family Medicine, Emergency Medicine, Microbiology, Vascular Surgery, and, of course, Psychiatry. It also led in 2023 to public acknowledgment from the AMPQ of the existence of systemic racism in our care sites.

Dr Tchomba was recognized for this contribution in 2024 with the Leadership and Engagement Award of the Quebec Association of Psychiatrists (AMPQ), in which he is currently involved, and in 2025 he received the Medical Council of Canada's Dr. M. Ian Bowmer Award for Leadership in Social Accountability for his commitment toward more inclusive medicine.

Dr Tchomba hopes this approach will lead in the longer term to the emergence of a professional culture that is kinder, more reflective, and better equipped to address issues of equity, cultural safety, and representation in care settings.

Dr Kelin Gascon-Kimpton
PGY-4 in Physical Medicine and Rehabilitation

Dr Kelin Gascon-Kimpton is a PGY-4 in Physical Medicine and Rehabilitation. She set up an adapted paddleboard competition, in conjunction with Adaptavie, an organization whose mission is to provide adapted services and contribute to research and innovation, in order to maintain and enhance the wellness and autonomy of individuals living with functional limitations. The project consisted of a fun relay race with segments interspersed with questions about physical activity and drowning prevention. For this first experience, Dr Gascon-Kimpton had recruited 20 participants and volunteers. The activity brought together two Physiatry residents, kinesiologists, physiotherapists, volunteers, and people with physical disabilities. She plans to recruit fellow residents to ensure that the event continues to be held in future years.

Having worked as a lifeguard, she felt the safety aspect of the activity was essential. She found sponsors for the event herself, and created information workshops with educational capsules on the benefits of physical activity and on safety in and on the water for the general public.

This experience also gave her the opportunity to tell people about the Physical Medicine and Rehabilitation specialty, and she intends to contribute to fighting *ableism*, which consists in having a lower opinion or negative beliefs about individuals living with physical disabilities.

Dr Noushin Roofigari and Dr Malou Bourdeau
PGY-3s in Pediatrics

Drs Noushin Roofigari and Malou Bourdeau, both PGY-3s in Pediatrics, set up an innovative project that addresses implicit bias and microaggressions through an interprofessional simulation-based intervention rather than through traditional teaching alone.

Many educational initiatives in this area focus normally on awareness, but the project of Drs Roofigari and Bourdeau goes further, by helping participants build practical skills to recognize and respond to different situations using realistic scenarios from pediatric practice.

The sessions provide an opportunity to reflect, share perspectives, and discuss how these experiences can affect both healthcare workers and patients. The project also allows for follow-up evaluation over time, helping to consolidate acquired knowledge.

Both residents were involved from the outset, including with the literature review, to find out what had been done and what had not been considered to date. They developed simulation scenarios built around clinical pediatric practice. Their involvement is rooted in advocacy, collaboration, and a commitment to improving residents' everyday experience.

In the coming months, they will continue to lead the next phases of the project, including the six-month follow-up following implementation, expansion to other care units, and preparation of a manuscript so that other programs may benefit from and build on this work to improve the model further.

Drs Roofigari and Bourdeau believe this approach will be beneficial not only for patients, but also for ensuring a sense of safety, belonging, and wellness among pediatric residents and other healthcare workers involved in pediatric care.

Dr Georges Najem
PGY-1 in Family Medicine

Dr Georges Najem is a PGY-1 in Family Medicine. As part of his commitment to innovation in medical education, he founded ÉchoNova, an initiative aimed at transforming how ultrasound is learned in medical training. He maintains that, despite the growing importance of point-of-care ultrasound (POCUS), access to learning this tool is difficult for many resident doctors in Quebec, owing to limited resources and practical opportunities.

ÉchoNova stands out for its immersive approach, as it involves a full eight-hour day during which participants actively explore the world of ultrasound. They practise different types of image acquisition with each other, including cardiac, abdominal, and obstetric views, under the supervision of experienced instructors. This is supplemented by talks given by Emergency and Critical Care physicians, who help integrate the techniques learned with real clinical situations. Also, incorporating emerging technologies, particularly of AI-assisted acquisition stations, exposes participants to future developments in medical practice.

A first edition was successful at the CHUM. A second is planned in the near future at the University of Montreal, and is already fully booked. Dr Najem hopes to democratize access to these essential skills and inspire his peers to innovate in medical training.

Dr Najem led the project from conception to implementation.

He emphasizes that ÉchoNova also has a positive impact on resident doctors' wellness by providing a stimulating, collaborative, non-intimidating learning environment which helps reinforce clinical confidence, reduce the stress associated with learning new technical skills, and foster a feeling of competence and autonomy.

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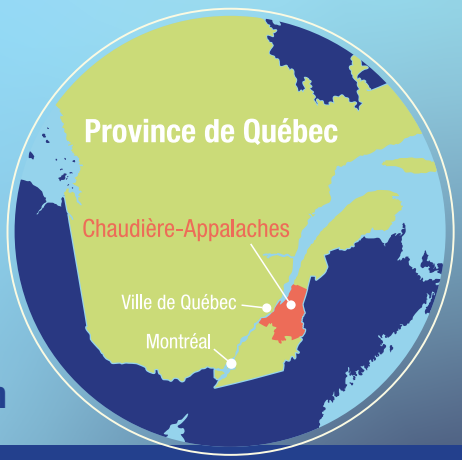

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Centre intégré de santé et de services sociaux de Lanaudière
Québec

Hôpital de Vaudreuil-Soulanges
Ouverture en 2028

Le plan d'effectifs médicaux (PEM) est maintenant confirmé.

Consultez-le !

Médecine spécialisée
recrutement_md_specialiste.cisssmo16@ssss.gouv.qc.ca

Médecine familiale
recrutement_omnis.cisssmo16@ssss.gouv.qc.ca

emplois-cisssmo.ca/pratique-medicale

Centre intégré de santé et de services sociaux de la Montérégie-Ouest
Québec