



Kuwait Institute for Medical Specialization Policy on Intimidation & Harrasment

Introduction

All residents and fellows of the Kuwait Institute residency programs have a right to study, work, and live in an environment that is free of Discrimination and Harassment.

Harassment

Harassment is a conduct that is annoying; that is unwelcome; that is based on personal characteristics of its target; and that the person engaging in it either knows, or should know, is unwelcome. It usually involves repeated conduct, but a single incident, if it is serious, may also constitute harassment. It can create an intimidating, hostile or offensive environment and can interfere with a person's work performance and adversely affect their employment opportunities.

Harassment may occur between faculty members and residents; or among residents; or between doctors and allied health professionals or employees of the Hospitals. Sexual harassment may likewise be engaged in by women and by men and may be directed at both women and men.

Examples of harassing conduct include the following kinds of behavior:

1. Racial epithets or slurs disrespectful jokes or banter about sex
2. Comments about someone's physical appearance or sexual attractiveness
3. Negative stereotypes about a particular ethnic group
4. Homophobic remarks
5. Disparagement of someone's religious devotions
6. The circulation of insulting or demeaning written material and pictures
7. Unwelcome physical contact



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Sexual harassment may also include making unwelcome sexual advances, retaliating when someone ends a legal relationship or refuses a sexual advance, making professional decisions about someone or offering them job-related benefits based on their

willingness to comply with sexual demands, or circulating intimate details of someone's life or private sexual behaviour.

Intimidation: the act of intimidating someone in order to interfere with the free exercise of political or social rights. The fact or condition of being intimidated. The use of authority to influence someone to do or refrain from an action or to do something they would not do or should not do otherwise.

Examples of intimidation and abusive conduct include the following kinds of behaviour:

1. Shouting or raising one's voice
2. Constant interruption and refusing to listen
3. Public criticism
4. Ridicule
5. Singling someone out for grilling or interrogation
6. Unjust assignment of duties; overloading someone with work
7. Falsely positive faculty evaluations.

Professional Conduct

A faculty member's relation with residents is a professional one and as such many personal comments or questions (about someone's appearance, personal life, sex life, etc.) are improper and potentially damaging. Remarks which focus on the sex or sexual orientation of individuals can constitute sexual harassment. Physical contact for any reason may be construed as sexual or threatening and should be considered carefully.



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Principles:

1. Timely identification of a concern about intimidation and harassment should be the goal of all programs.
2. Trainees should be encouraged to inform their Site Coordinators and or Program Director of their concern ad problems.
3. The initial discussion must occur in a confidential setting.
4. There should be a process to clarify the facts concerning the allegation by appropriate authorities.
5. The process of clarification must occur in an atmosphere free of retribution.
6. Allegations should be addressed and resolved in a timely manner.

A. Preventing harassment: Each Residency Program has a responsibility to maintain an educational environment free of any form of harassment, whether by a manager, supervisor, employee, or other person (including a patient or other learners).

B. Communicating the Policy: All residents and faculty should be aware that KIMS and the teaching hospitals will take appropriate action to prevent and correct any behaviour which constitutes harassment or sexual harassment as defined above, and that individuals who are found to have engaged in such behaviour are subject to discipline up to and including termination in accordance with Ministry of Health regulations.



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C. Processes for Resident in Postgraduate Medical Education:

Discussing and Reporting Incidents or Problems

1. We urge anyone who believes he or she had been subject to harassment to bring a complaint forward.
2. Trainees should usually bring their concerns to Site Coordinator, and or Program Director, who will discuss the matter with the trainee, consult with PGTC and or PGE office at KIMS, and may attempt to resolve the matter.
3. Trainee can directly report to PGE office at KIMS.
4. Discussions will be kept confidential to all extent possible and every reasonable effort shall be made to protect the privacy of all Parties. However, residents should keep in mind that reporting the situation may result in an investigation by appropriate authorities, and that this will require that the person whose conduct is complained of be informed about the complaint. It may also require that witnesses be interviewed by appropriate authorities.

D. Investigation:

The investigation process should document all the details of the incident by the Program Director. This should involve interviewing both parties if possible in person. The resident might themselves take up the incident to be solved in

another channel like the Legal Office in Health Area after notification to the Head of Department in the hospital where the incident occurred.



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The committee will promptly conduct an objective assessment of the allegations, and will determine whether they can be substantiated. The Program Director can resolve the issue if it is minor or he /she can precede the issue to be discussed at PGME Committee within the program. If the problem is not resolved the complaint should be forwarded in a written fashion to PGE office and the Appeals Committee in KIMS for processing.

1. The initial assessment will include but may not be limited to a meeting or meetings with the complainant, with the person accused of harassment (the respondent), and with people who have relevant

evidence about the allegations (witnesses). It may also examine documents and communications such as e-mails and other relevant evidence.

2. The committee or designated members will meet with the respondent and

- a) inform them that there has been a complaint.
- b) provide details of the complaint.
- c) provide information about relevant policies.
- d) summarize the procedure that will be followed by appropriate authorities for investigating the complaint.
- e) inform them that the hospital and/or the KIMS will handle the matter confidentially as far as possible and that it expects the respondent to do the same.



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- f) advise them that any retaliation against or intimidation of the complainant or of anyone connected with the complaint will be treated as an offence.

E. Resolution

1. If it is determined that harassment or retaliation has occurred, prompt and effective measures will be taken to remedy the harassment.
2. The decision about the measures necessary to remedy the harassment will be made within a reasonable time.
3. The complainant, the accused and the Program Director will be notified of the results of the investigation by appropriate authorities, and of any action that will be taken to remedy the harassment.
4. Any resident, faculty or Program Director who is found, after investigation by appropriate authorities, to have harassed any person will be subject to appropriate disciplinary action, up to and including termination in accordance with Ministry of Health regulations.