



ACC.19™

68th Annual Scientific Session & Expo

PDDS Series Discussion

Harassment and Intimidation of Trainees

ACC 2019 Scientific Sessions

Rosario Freeman, MD MS
Director, Cardiology Fellowship Programs
University of Washington

NEW
ORLEANS
MARCH 16 - 18
2019

UW Medicine
HEART INSTITUTE

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
Was usually prompt					X	
Adhered to rounds and other schedules				X		
Kept interruptions (beepers and personal) to a minimum						
Spent enough time on rounds or teaching sessions						
Organization						
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
Reviewed expectations with Fellow at beginning of rotation						
Provided feedback						
Balanced service responsibilities and teaching functions						
Teaching						
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
Kept discussions focused on case and topic					X	
Asked questions in non-threatening way	X					
Used bedside teaching to demonstrate historytaking and physical examination skills					X	
Emphasized problem-solving, i.e., thought processes leading to decisions				X		
Integrated social and ethical aspects of medicine (e.g. cost containment, pain control, out-patient management, humanism)						X
Stimulated team members to read, research, and review pertinent topics				X		

Comment: ...has so much to give us as a teacher, but it is blown away in the whirlwind of their tantrums.

does make me feel very insecure and threatened

research, and review pertinent topics					X
Accommodated teaching to incorporate all levels of the team					X
Provided special help as needed to team members					X
Fund of Knowledge					
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
	1	2	3	4	5
Wide knowledge of					X
Up-to-date, familiar with medical					X
Insight into critical view of					X
Discussed pertinent aspects of general cardiology					X
Discussed pertinent aspects of general cardiology					X
Professionalism and Humanistic Qualities					
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
	1	2	3	4	5
Established rapport with team members			X		
Displayed a sensitive and caring attitude toward patients					X
Was enthusiastic and stimulating			X		
Recognized own limitations; was appropriately self-critical					X
Demonstrated gender sensitivity					X
Served as role model			X		
Showed respect for physicians in other specialties and other health care professionals			X		
	Lowest		Middle		Highest
	1	2	3	4	5
Overall Effectiveness as a Teacher			X		

Abuse and intimidation of trainees

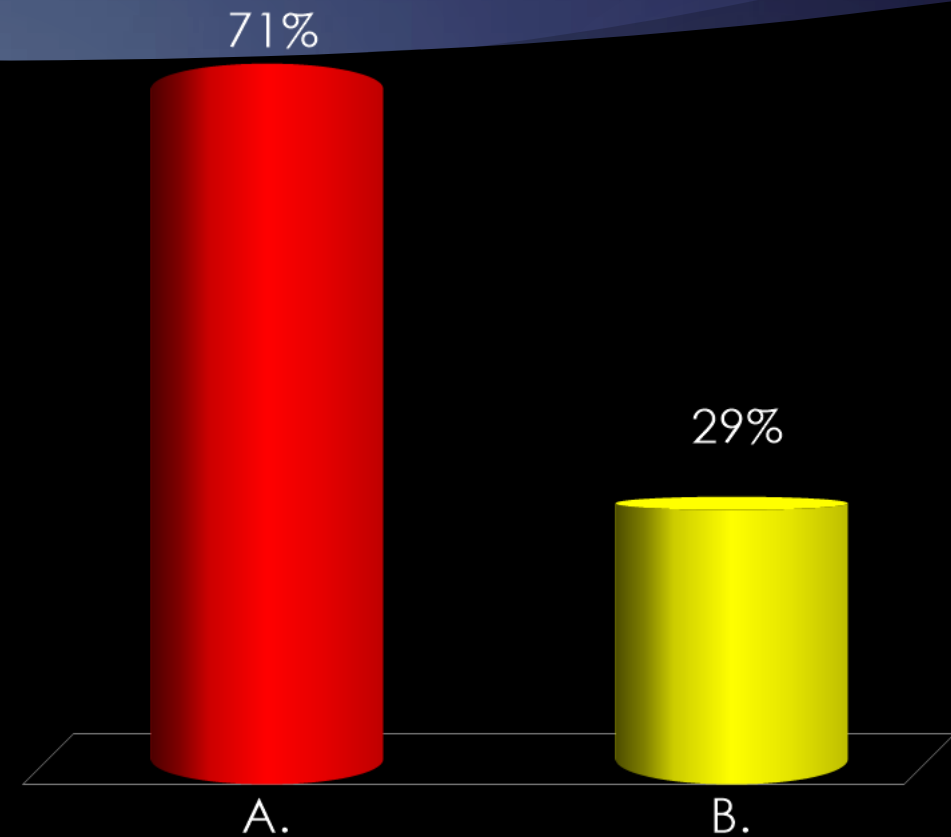
- History and controversy
- Collegial learning
- Reporting and accountability



In your own training, recall an event that you considered mistreatment or abuse?

A. Yes

B. No



The New York Times

COMMENTARY

Young Doctors Learn Quickly in the Hot Seat

By BARRON H. LERNER, M.D.

Published: March 14, 2006

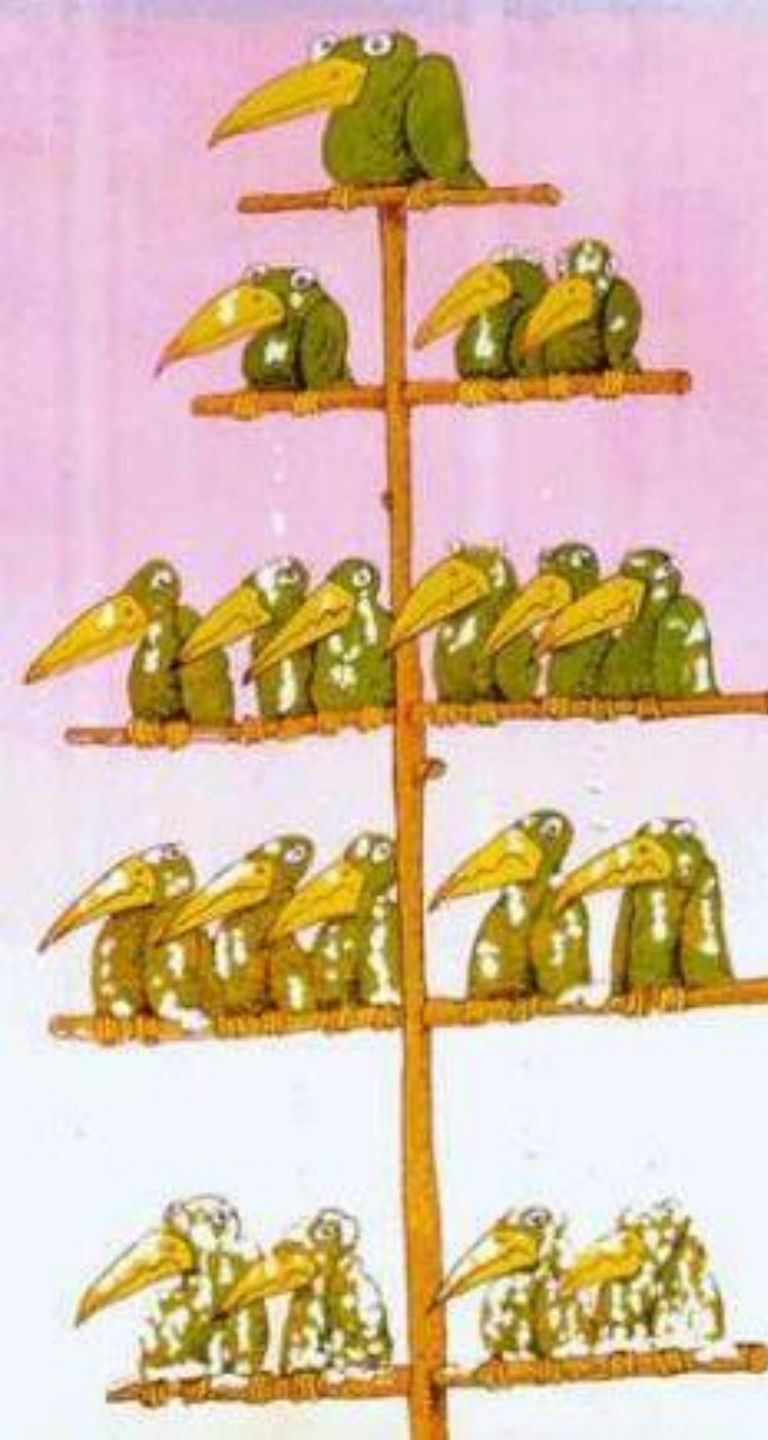


Will and Deni McIntyre/Photo
Researchers Inc.

- Educational rigor or mistreatment?
- Students recall sessions well
- 47% of students experienced mistreatment or harassment at least once during medical school

“Pimping...” “Pumpfrage” first described 1889

- Persons in power ask questions junior colleagues
- 1916 Flexner
 - "Rounded with Osler. Riddles house officers with questions. Students call it 'pimping.'"
- Aim of pimping Socratic instruction



“Socrates was not a pimp...”

Kost A, Chen F. Acad Med 2015;90:20-24

- Right/Wrong
- Discourages synthesis
- Negative motivator
- Humiliation maintains power hierarchy
- Socratic teaching
 - Critical thinking through dialogue, purposeful questions
 - Collaborative as a group
 - Place existing beliefs under scrutiny
 - Creates common ground



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Help Wikimedia and win prizes by sending photos.

Bullying in medicine

From Wikipedia, the free encyclopedia

This article is about bullying involving physicians. For bullying involving nurses, see [Bullying in nursing](#).

Bullying in the [medical profession](#) is common, particularly of student or trainee physicians. It is thought that this is at least in part an outcome of conservative traditional [hierarchical structures](#) and [teaching methods](#) in the medical profession which may result in a bullying cycle.

According to Field, bullies are attracted to the caring professions, such as medicine, by the opportunities to exercise power over vulnerable clients, employees and students.

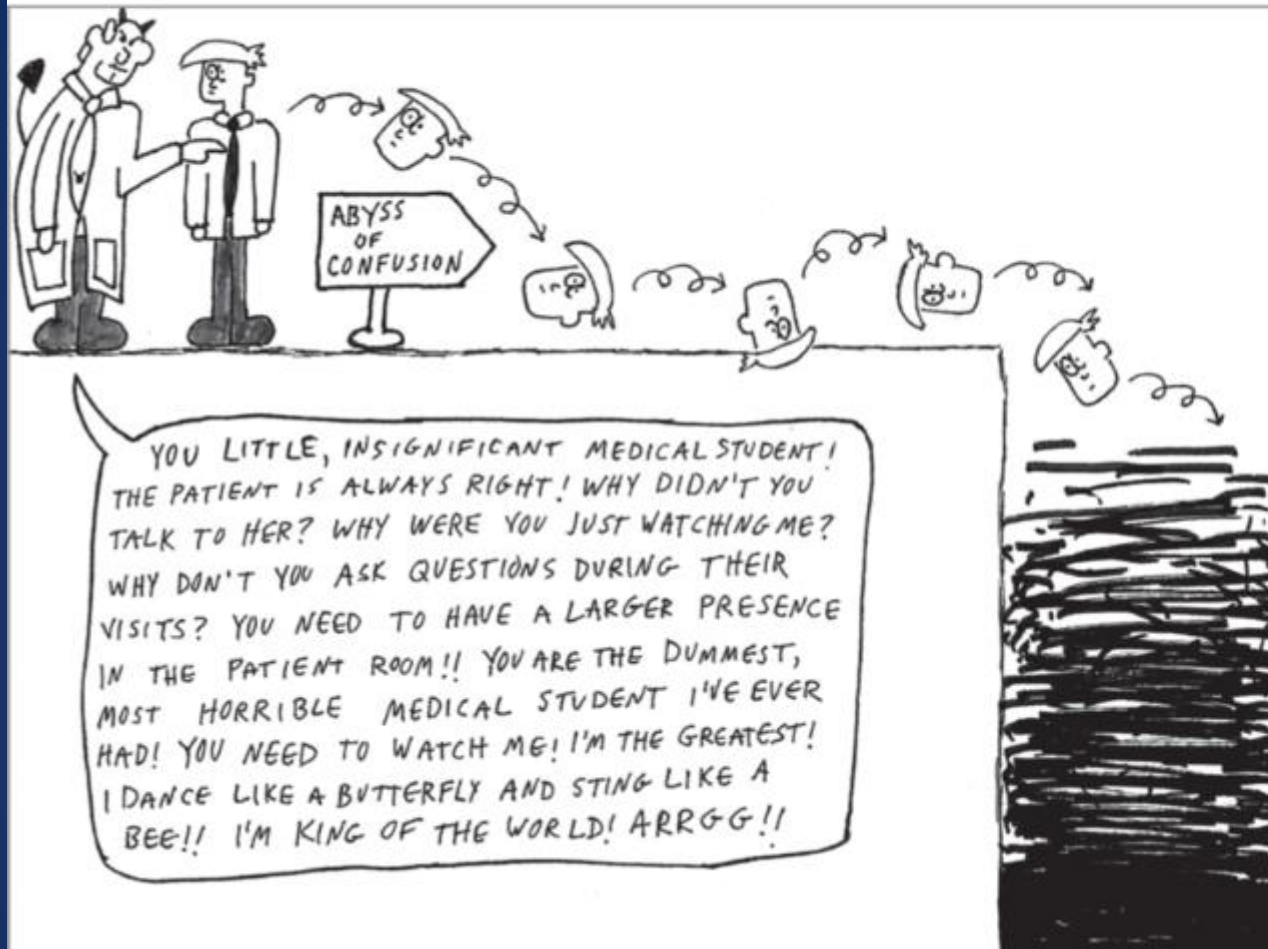
essential to teamwork, cuts off communication, undermines morale, and inhibits compliance with and implementation of new

Bullying cycle [\[edit \]](#)

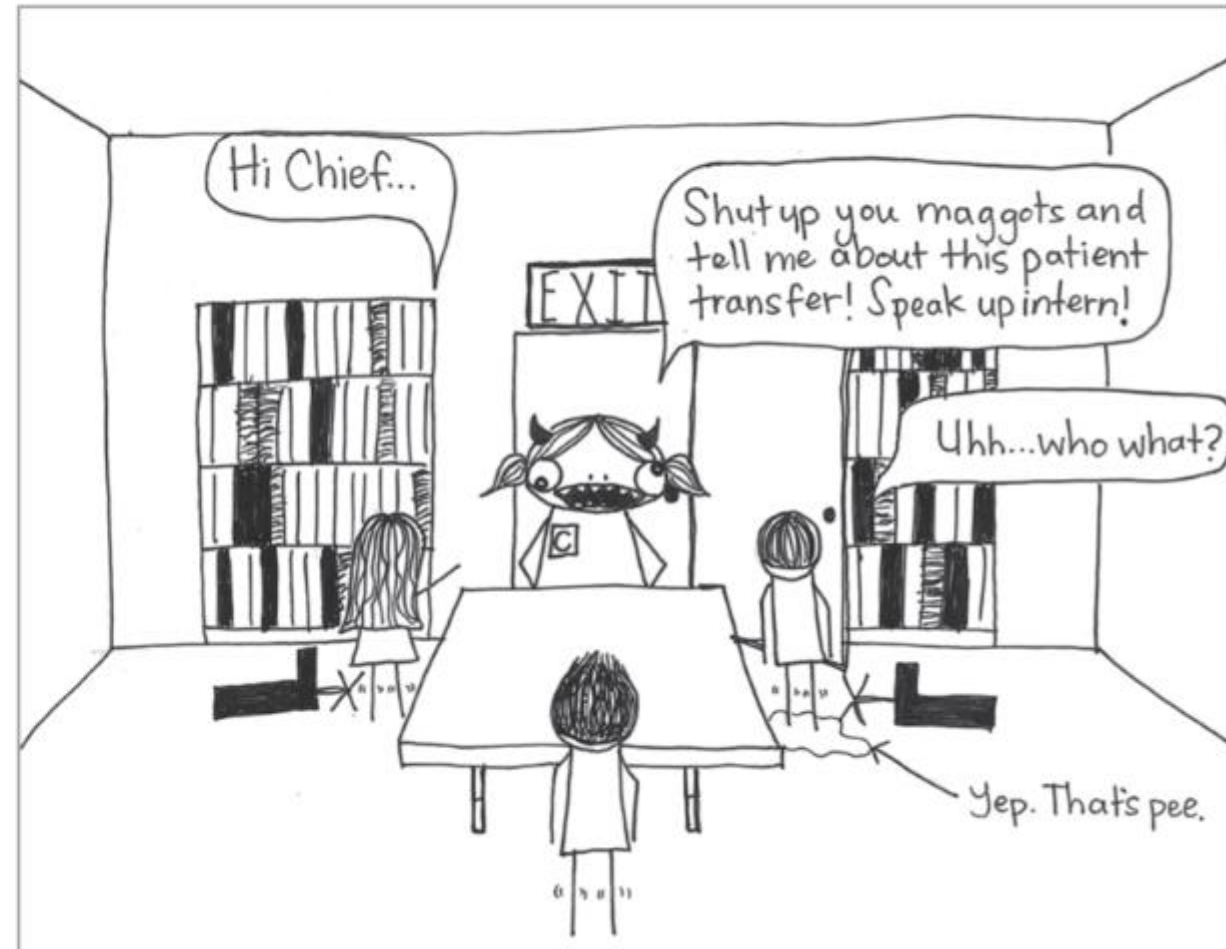
Medical training usually takes place in institutions that have a highly structured [hierarchical system](#), and has traditionally involved [intimidation](#) and humiliation.^{[*[citation needed](#)*]} Such practices may foster a culture of bullying and the setting up of a cycle of bullying and other [cycles of abuse](#) in which those who experience it go on to abuse others when they become more senior. Medical doctors reporting to the [British Medical Association](#) that they are being bullied, often by older and more senior colleagues, many of whom were themselves bullied when more junior.^[11]

Physician Jonathan Belsey relates in an emblematic narrative published in AMA Virtual Mentor entitled Teaching By Humiliation: you presented the case, somewhere along the line you would trip up and give the predatory professor his opportunity to expose you. Sometimes it would be your lack of medical knowledge; sometimes the question that you failed to ask the patient that would

A Panel from "Medical Student: A Tragic Comedy" by Michael Pitzer



B Panel from "Perspective" by Trey Banbury



47% of 66 students in Comics in Medicine elective drew horror themed comics.

AAMC GQ Definition 2011

- **Mistreatment: behavior shows disrespect for dignity of others and interferes with learning process.**

- **Examples:**

Discrimination: race, religion, ethnicity, gender, or sexual orientation;

Harassment; Humiliation (psychological or physical)

Punishment; Use assessment punitive manner



Innuendo/sarcasm
Teasing
Eyerolling gestures

VISUAL

VERBAL

WRITTEN

TOUCHING

POWER

THREATS

FORCE

Physical violence
Harassment
Power differential

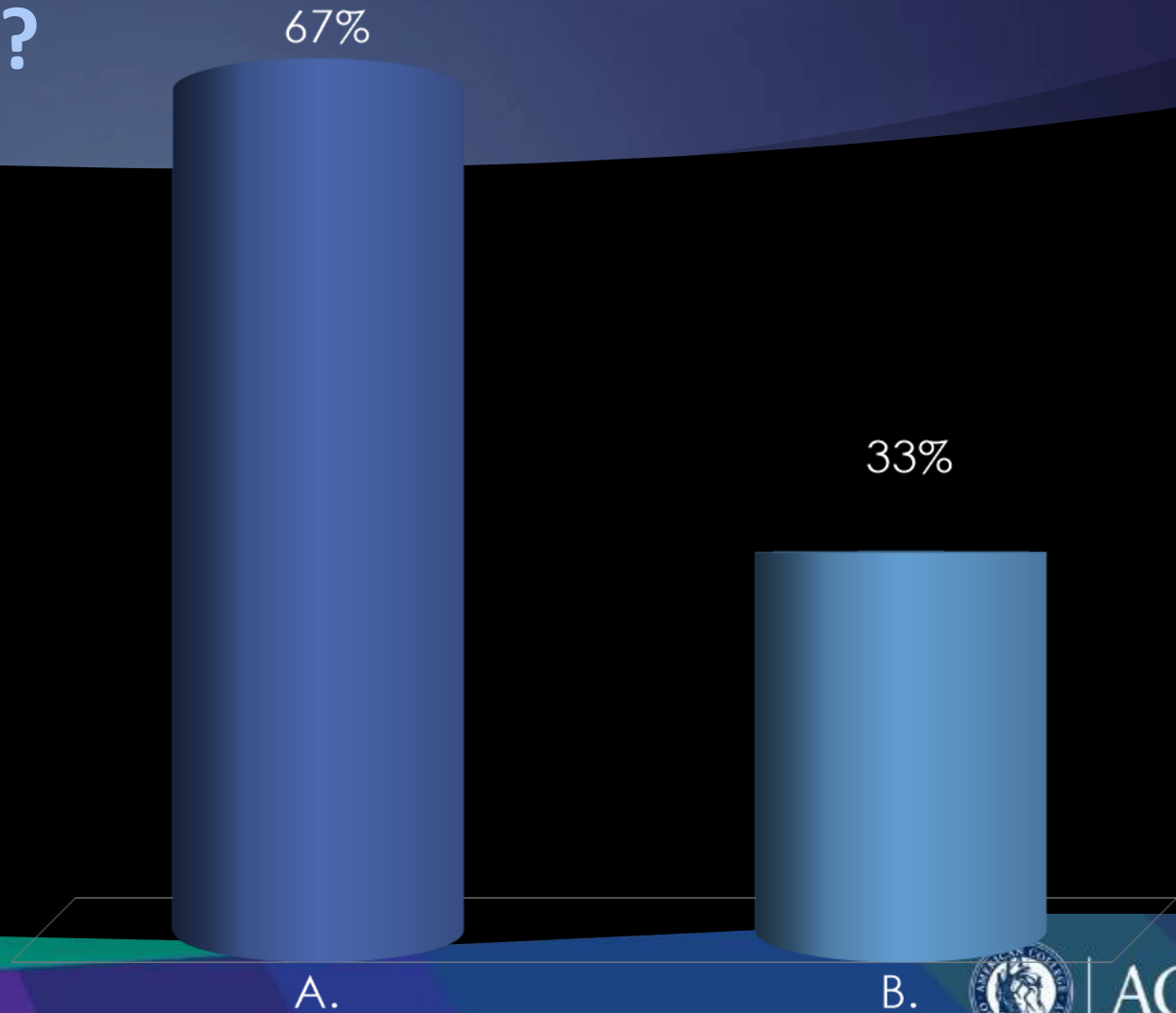
- **Humiliation**
 - Cause painful loss of pride, self-respect, dignity
- **Mistreatment**
 - Treat a person in a cruel, unkind or unfair way
- **Abuse**
 - Use wrongly or improperly (abuse one's authority)
 - Treat in a harmful, injurious, or offensive way
 - Speak insultingly, harshly, and unjustly to or about



As PD, have you received formal report incidents of abuse or harassment?

A. Yes

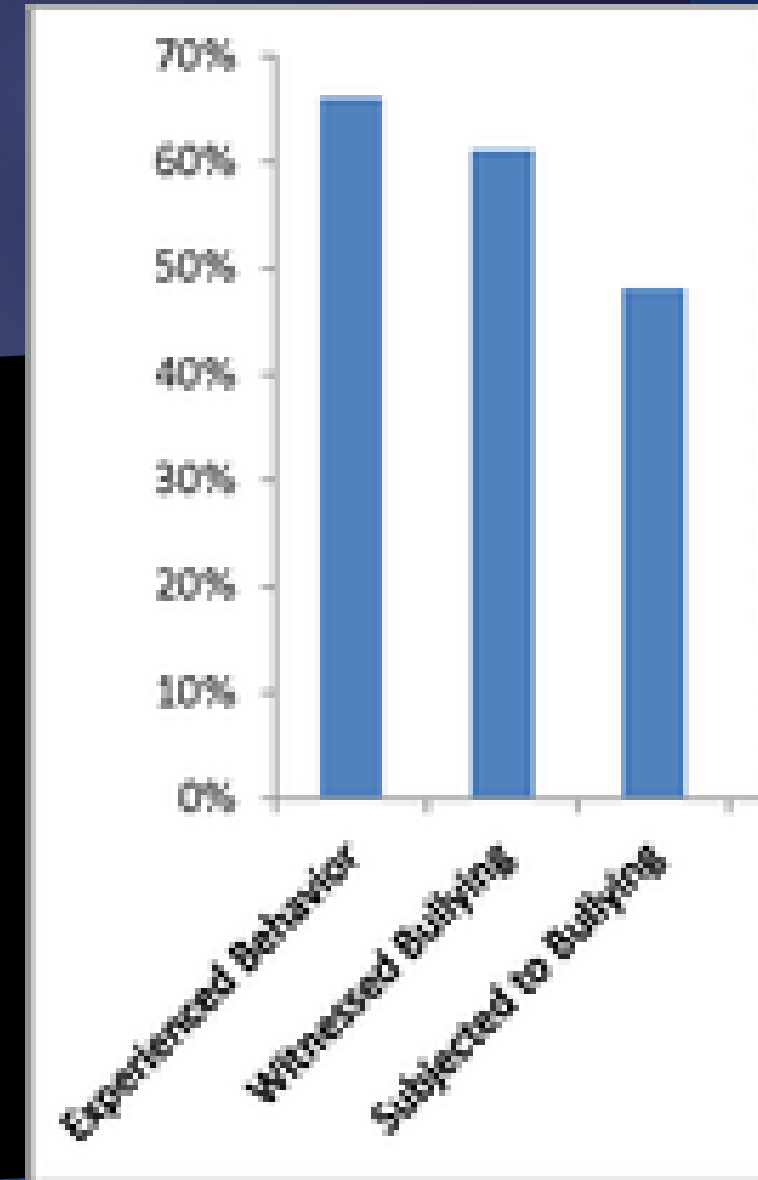
B. No



AC

GME sample (APDIM)

- 4,055 training programs (1791 completed survey)
- 48% of respondents subjected to bullying
- Attendings (29%), nurses (27%) source
- Up to 90% bullying incidents not reported



Fear of retaliation

- 50-75% of residents know of resources available to report inappropriate behavior
- Only 12-25% actually reported
- ...that is the way things are done
- ...would not accomplish anything

Negative effects of mistreatment

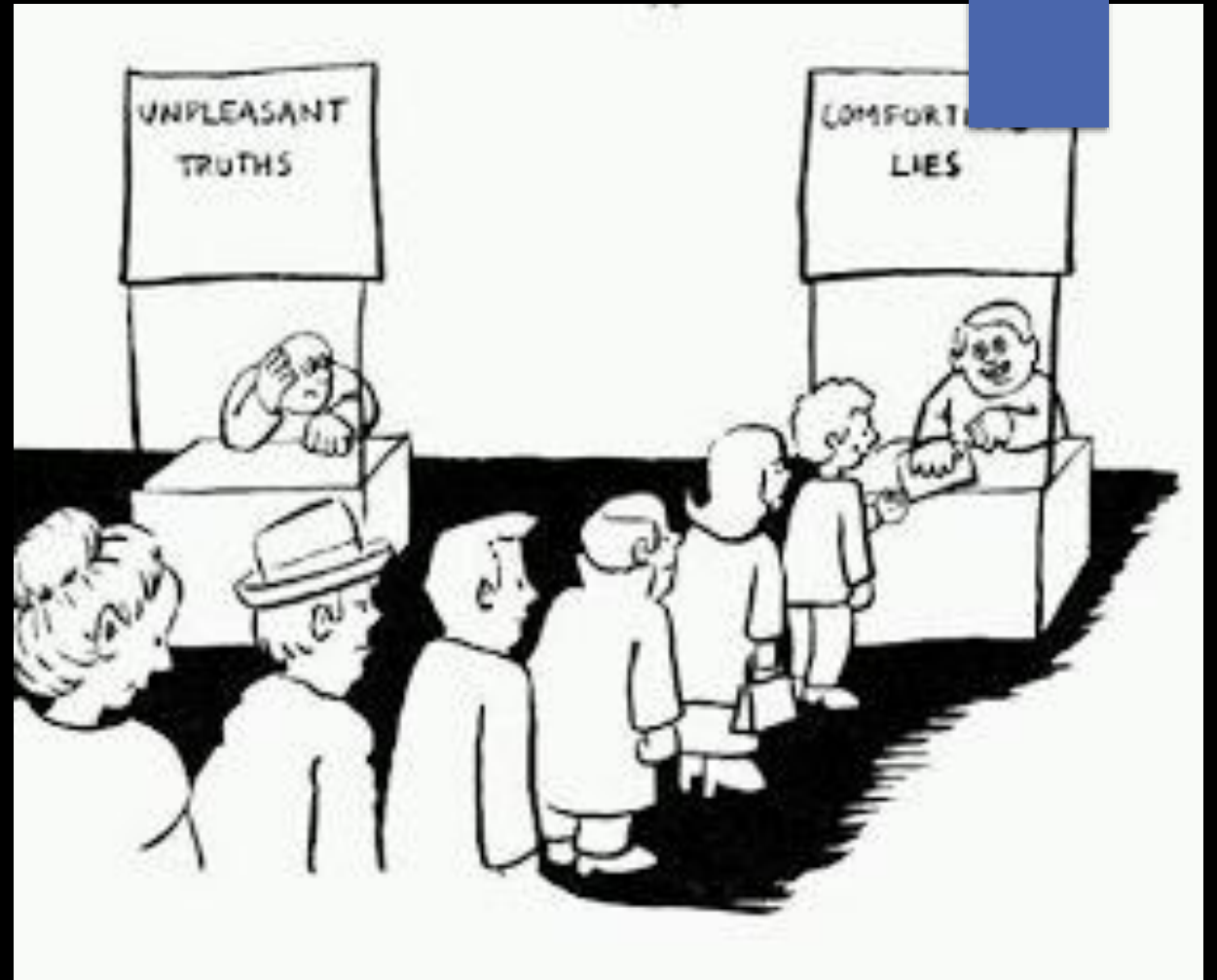
- **Burnout**
- **Depression**
- **Patient safety risks**
- **Medical errors**
- **Toxic learning environment**
- **Eroding professionalism**

Influences

- Incognizance or naivete
- Fear of retaliation
- Acculturation of behavior
- Acceptance
- Complicit behavior

Dissonance

- How to bring out when it involves mentors who appear to be decent, intelligent people with no evidence of being abusive?
- Efforts to eliminate learner mistreatment will fail until commit to address any and all professionals who undermine culture of safety.



Vision

Shared model
Clear goals
Organizational support

Leadership

Modeled
Available
Self-aware

System/Procedure

Willingness to report
Psychological safety
Mechanism for reporting

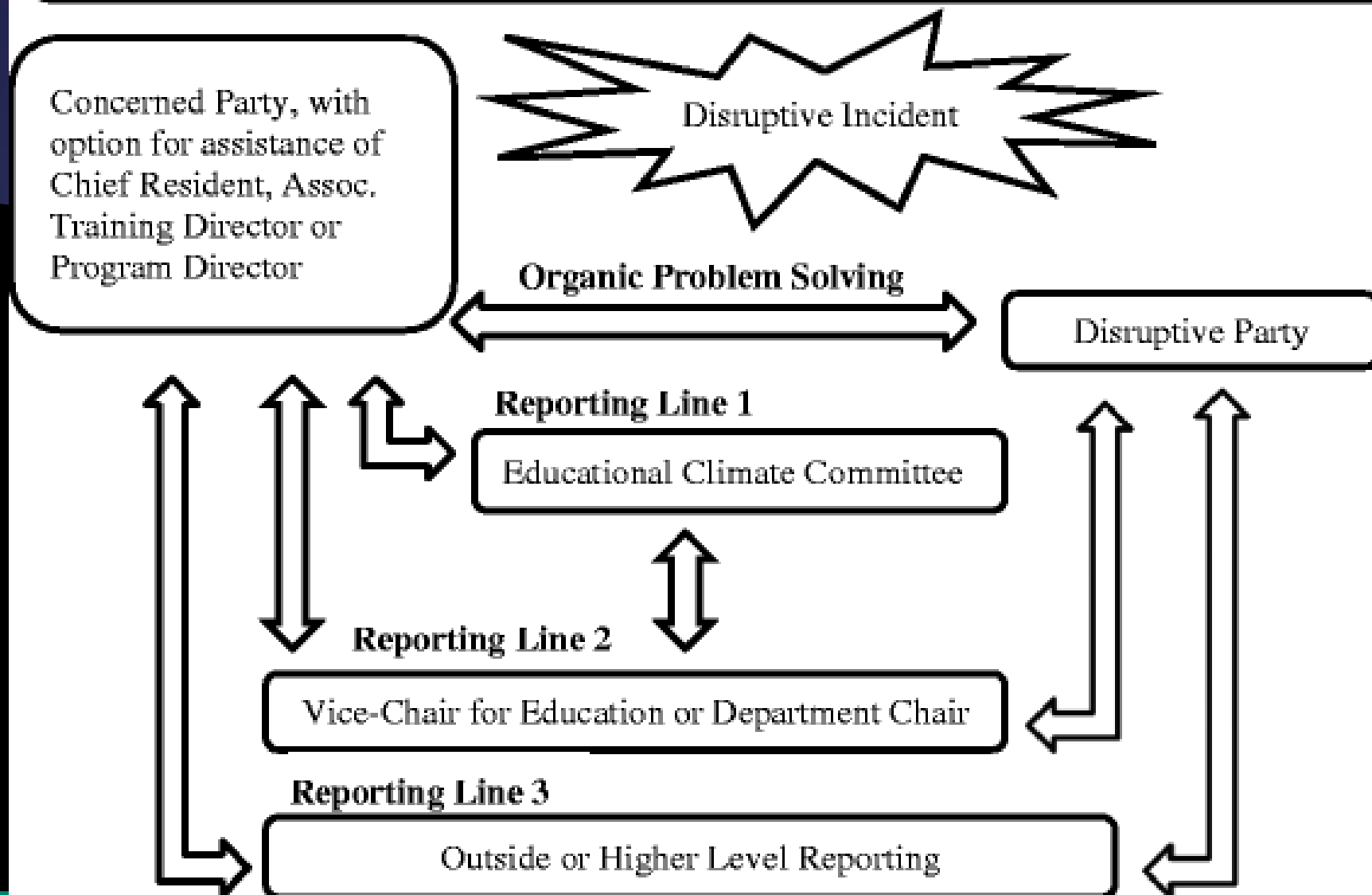


Cannot address problem without reporting structure

- Confidentiality
- Career implications – offending faculty
- Disbelief
- Trainees may think this is normal part of training
- Need for universal curriculum (shared mental model)
- Zero tolerance



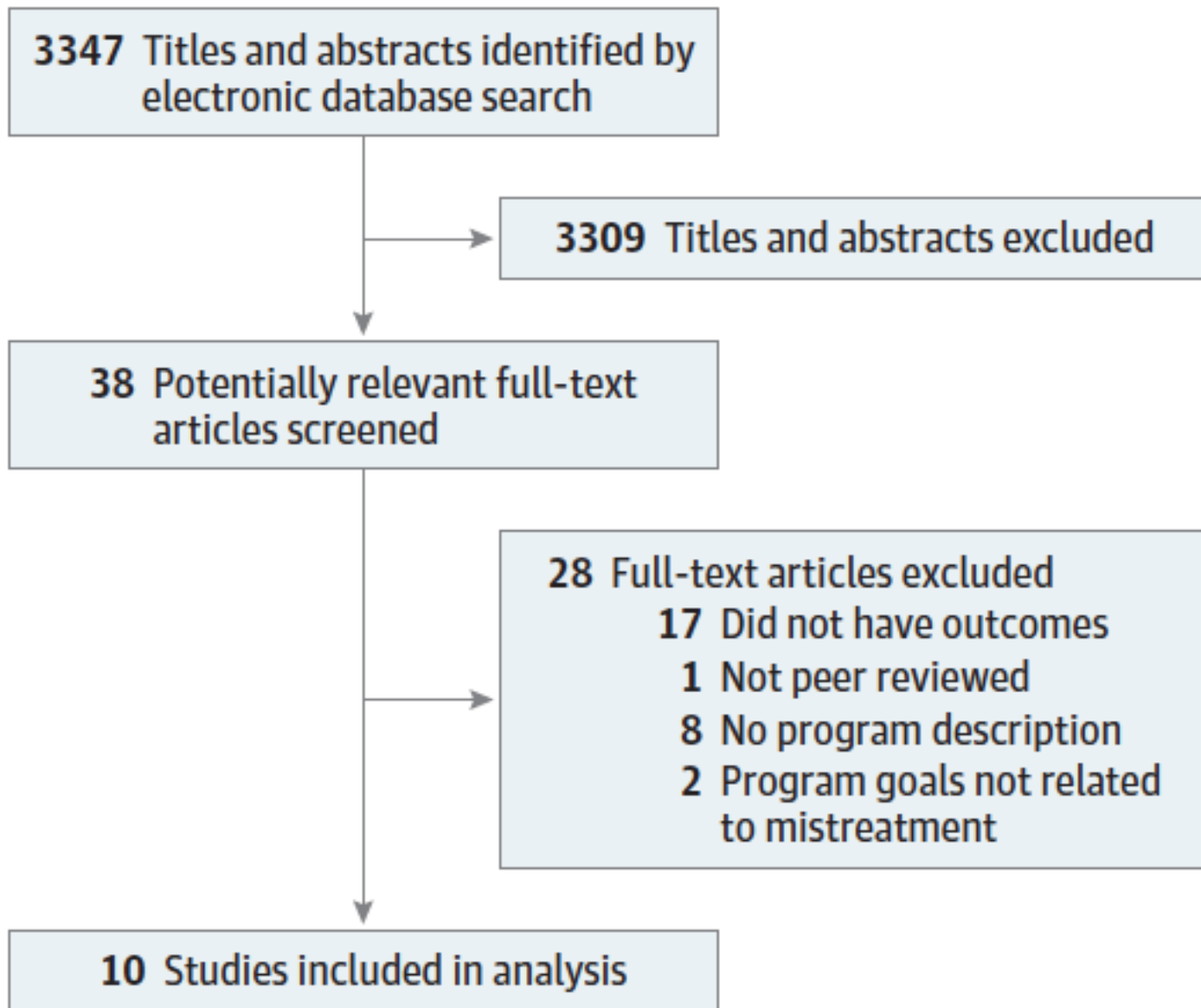
Action Plan for Addressing Resident Concerns with the Educational and Work Environment



Does your own program have a harassment plan?

1. Yes
2. No





Program	Outcomes
Seminars and lectures	Surveys showed no change in rates of noncontact sexual harassment and a decrease in contact sexual harassment
1- to 2-d retreats	Decreased perception of hostile work environment
Participation as actors in videos depicting mistreatment	Positive learner perceptions on open-ended surveys
13-y multipronged program including workshops and increased reporting options	No change in frequency, severity, or type of mistreatment reports
Half-day workshop	High learner satisfaction with the program, improved participant attitudes toward mistreatment
Anonymous web-based reporting mechanism	High student satisfaction, increased interest in surgery as a career, no change in number of mistreatment reports
Multipronged, including statement of faculty behavioral expectations, increased reporting options, and small group discussions	Trend toward decreased reports of mistreatment, increased percentage of students never having experienced mistreatment
8-wk seminar series with video triggers and group discussion	Positive student evaluations, reduced reports of mistreatment
Three 3-h drama-based workshops	Positive student evaluations
Institution-wide, including increased reporting options, tool kits with strategies to prevent mistreatment, and small group discussions	Increased student awareness of policy, reduced reports of mistreatment

Some mechanisms to learn of harassment?

1. Exit interviews or assessment (ACGME survey)
2. General professional development
3. Ad hoc situational meetings
4. Confidential formal discussion
5. On-line report
6. Professionalism committee



Reporting Structure

- Consult in confidence: Prog. Director, chief fellow, hospital authority, GME
- Not all aware of effective options to proceed – education leader
- University officers (sexual harassment, anti-racism, ombudsman, union)
- Incident report (verbal, email, written account, online)
- Mediation and formal resolution in confidence
- Investigative committee



More than verbal commitment to professionalism

- Requires a plan
- People, process and systems
- Multiple reporting options (written or verbal)
- Report to choice of individuals (not all options equally effective)
- Confidentiality (not same as anonymity)
- Fair and transparent – process to clarify is free of retribution
- Timeliness





Guidelines for Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education

Approved by: Hospital University Education Committee (HUEC) and Postgraduate Medication Education Advisory Committee (PGMEAC)

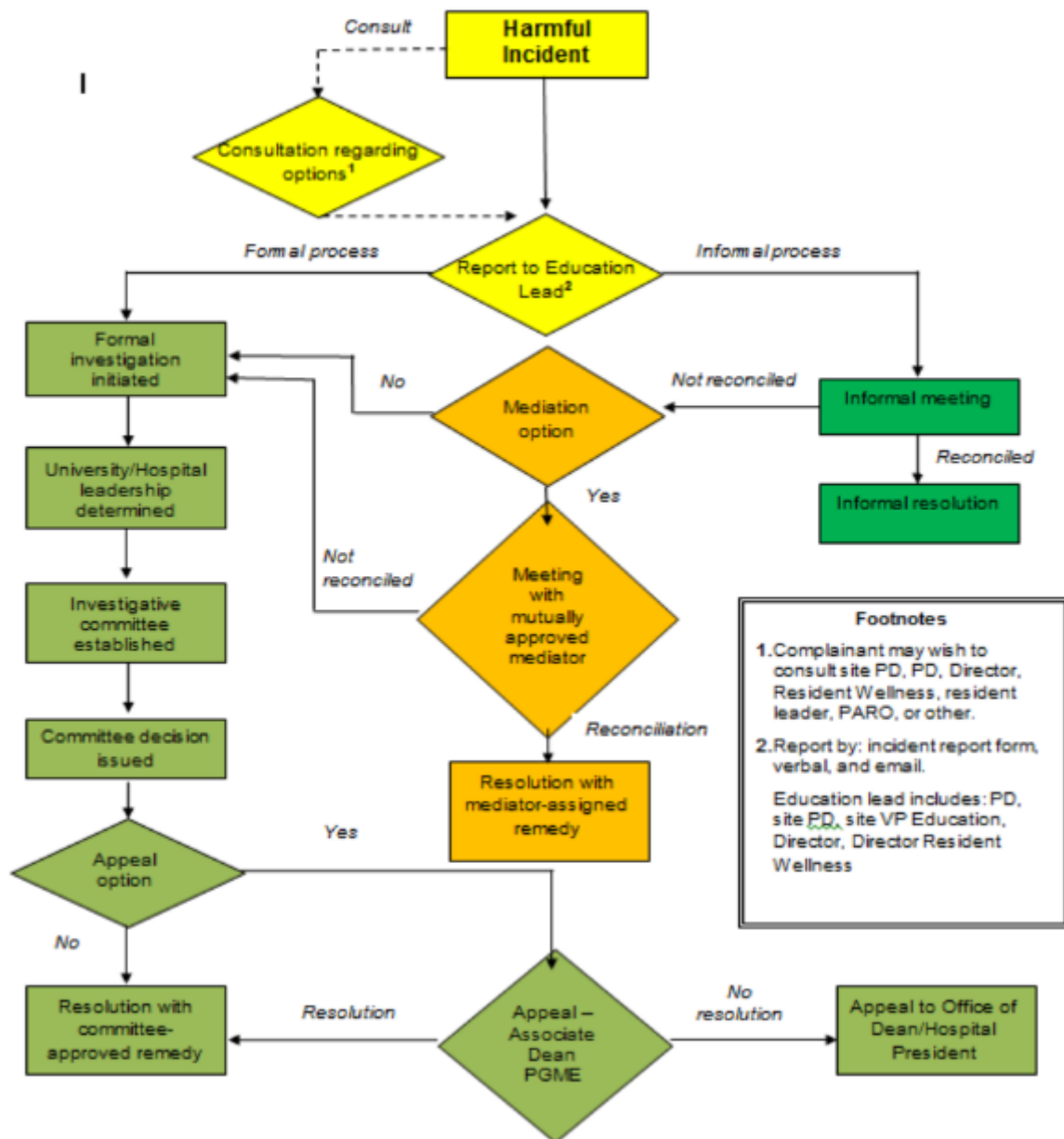
Date of original adoption: October 2012

Date of last review: February/March 2016

Date of next scheduled review: February 2020

Note: The previous PGME document on this issue was approved by PGMEAC in May 2006, titled “***Guidelines Addressing Intimidation and Harassment: The Education and Learning Environment at UT-PGME***” and is now retired. These guidelines represent a substantial change from the original document as they now include informal and formal reporting mechanisms, and an appeals procedure.

Process to Address Complaints/Concerns of Intimidation, Harassment, and Unprofessional or Disruptive Behaviour for PGME Trainees
(See Guidelines for definitions and details)



Appendix 3:

Report Form for Incident of Intimidation, Harassment or Unprofessional or Disruptive Behaviour For Postgraduate Medical Education Trainees

ANONYMITY and CONFIDENTIALITY:

While recognizing that there may be circumstances in which you wish to remain anonymous, the PGME Office encourages you to share your identity in this report for the following reasons:

- According to University policy, we are severely limited in our capacity to investigate and act upon anonymous reports against members of the University community.
- Your anonymity will prevent us from providing assistance to you or others affected by this incident
- Anonymous reports may be used to generate statistical data, but are unlikely to result in direct action

Unless disclosure is required by law, your report will remain strictly confidential whether you submit it anonymously or not.

Given the explanation above, please indicate whether you wish to share your identity with the [PGME Office] or not, by either entering your name or "ANONYMOUS" in the space below:

If you have chosen to share your identity, please provide the preferred email address or phone number for [the PGME Office] to contact you:

Enter the email of the Education Leader to whom you would like this report sent. If you do not know the email, please print and fax, or deliver, this report to the intended recipient. **If you wish to send to PGME Resident Wellness Office, email to pgwellness@utoronto.ca**

Description of the Incident

Date of the incident (if multiple, please indicate the most recent date and provide further details below)

Location of the incident (e.g. UofT building, hospital, clinical, community, or other setting):

Please describe the incident in the box below (maximum: 4,500 words). Include as many details as you recall, such as:

- Names of the individuals involved (except patients)
- Precise location
- Nature of the incident
- Whether you experienced the incident or witnessed someone else experiencing it
- Training rotation during which the incident occurred (if applicable)

Stonybrook: WE SMILE

- Define mistreatment
- Training modules
- Promotion trainee wellness
- Anonymous/confidential reporting
- Mechanism to adjudicate
- Patient safety culture

I wish to remain anonymous * Yes <input type="radio"/> No <input type="radio"/>	
Date of Incident	<input type="text"/>
Nature of Concern (check all that apply) *	<input type="checkbox"/> General mistreatment <input type="checkbox"/> Sexual mistreatment <input type="checkbox"/> Gender mistreatment <input type="checkbox"/> Racial/Ethnic mistreatment <input type="checkbox"/> Sexual orientation mistreatment <input type="checkbox"/> Age-related mistreatment <input type="checkbox"/> Physical handicap/Disability-related mistreatment <input type="checkbox"/> Psychological mistreatment <input type="checkbox"/> Humiliation mistreatment <input type="checkbox"/> Physical mistreatment <input type="checkbox"/> Religious mistreatment <input type="checkbox"/> Other mistreatment Please specify: <input type="text"/>
Description of Mistreatment (check all that apply) *	<input type="checkbox"/> Public Humiliation <input type="checkbox"/> Psychological Punishment <input type="checkbox"/> Physical Punishment <input type="checkbox"/> Punitive Grading in Courses <input type="checkbox"/> Other Please specify: <input type="text"/>
Mistreatment By *	<input type="checkbox"/> Housestaff <input type="checkbox"/> Nurse <input type="checkbox"/> Attending <input type="checkbox"/> Patient <input type="checkbox"/> Student <input type="checkbox"/> Other Please specify: <input type="text"/>
Name of the person who mistreated you (optional)	<input type="text"/>
Course/Site in which it occurred (optional)	<input type="text"/>



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Vanderbilt Center for Patient and Professional Advocacy

Patient Advocacy Reporting System (PARS[®])



Patient Advocacy Reporting System (PARS[®]) is an evidence based tool and process to promote professional accountability and self/group regulation through identification of and intervention with physicians at increased risk for malpractice claims and adverse surgical outcomes.

Coworker Observation Reporting System (CORSsm)



CORS is a process and tool to help organizations address professionals who threaten quality, safety, and risk through unprofessional behaviors towards coworkers.

Educational Programs



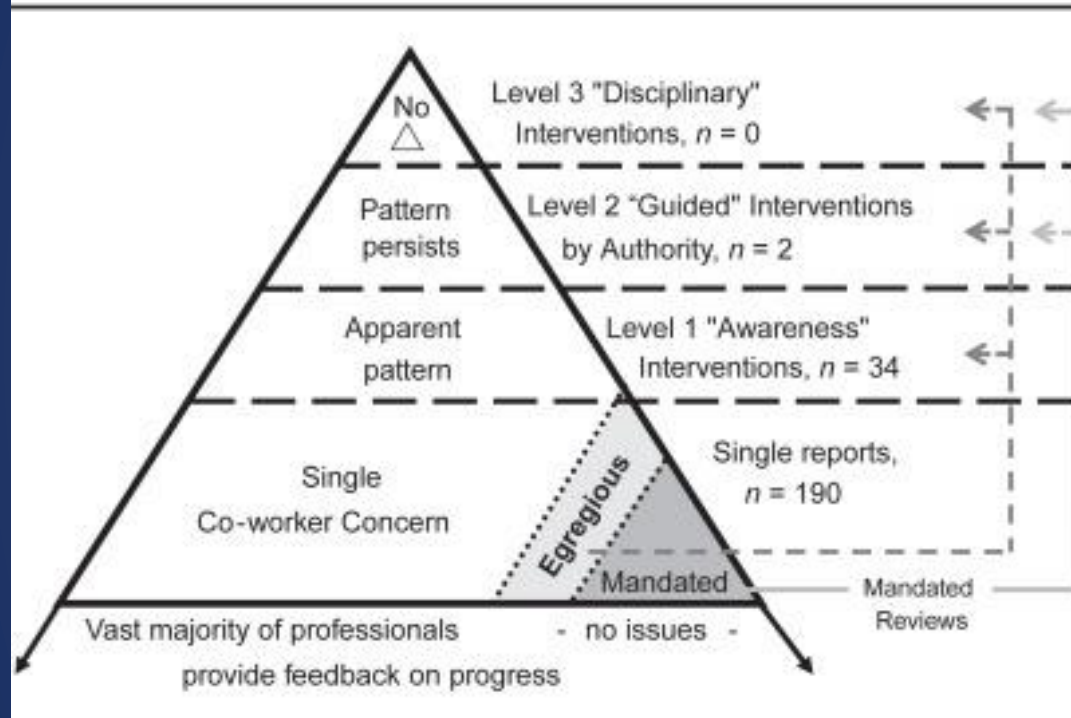
Innovative training programs drawing on 25+ years of research and experience in professionalism. Our programs help to support organizations in implementing and sustaining the right people, processes, and systems to address unprofessional behavior.

- 4 year implementation
- Patient advocacy
- Quality/Safety
- Key people, support
- Implementation support
- Organization wide

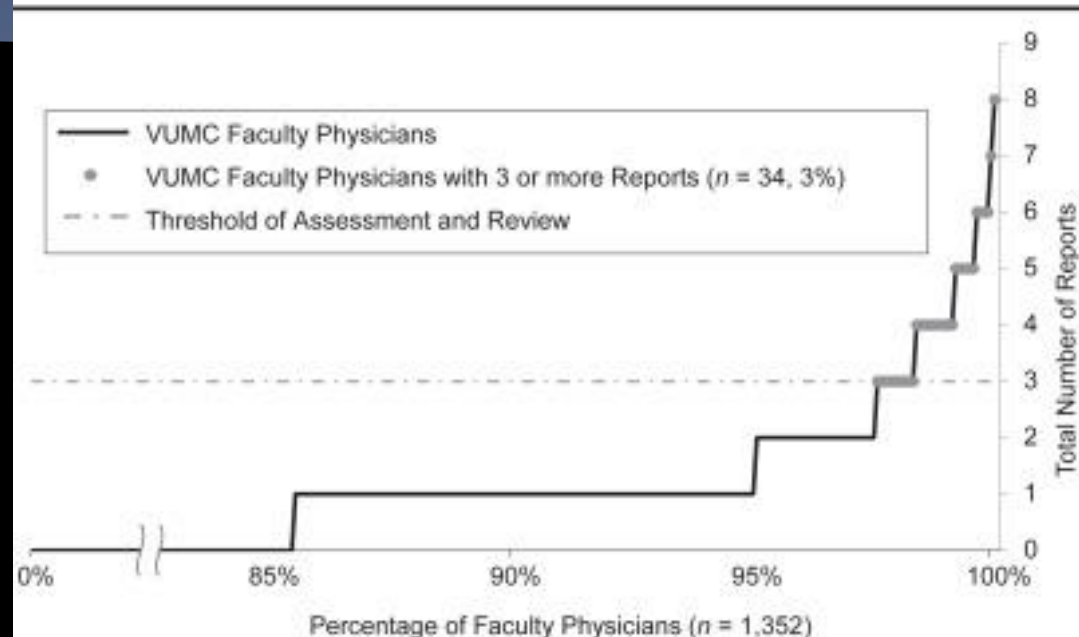


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Promoting Professionalism Pyramid for Graduated Interventions and Number of Professionals Receiving Each Level of Intervention



Distribution of Co-Worker Observation Reporting SystemSM (CORSSM) Reports Associated with Vanderbilt University Medical Center Faculty Physicians, January 1, 2012–December 31, 2014



Webb LE¹, et al. Using Coworker Observations to Promote Accountability for Disrespectful and Unsafe Behaviors by Physicians and Advanced Practice Professionals.. *Jt Comm J Qual Patient Saf.* 2016 Apr;42(4):149-64.

As PD, have you received formal report incidents of abuse or harassment?

1. Yes
2. No



Mentoring in era of #MeToo

- **Women underrepresented in leadership positions**
- **Environment discourage mentorship of women**
- **Champion diversity and inclusion**



Thank you. Comments?

ROSARIO FREEMAN, MD MS
DIVISION OF CARDIOLOGY
UNIVERSITY OF WASHINGTON