PDDS Series Discussion

Harassment and Intimidation of Trainees

ACC 2019 Scientific Sessions

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

Brancati FL. The art of pimping. JAMA.1989;262(1):89-90
“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

Detsky AS. The Art of Pimping. JAMA. 2009; 301: 1379-1381
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.

Bullying cycle

Medical training usually takes place in institutions that have a highly structured hierarchical system, and has traditionally involved intimidation and humiliation.\[citations needed\] Such practices may foster a culture of bullying and the setting up of a cycle of bullying, through cycles of abuse in which those who experience it are then more likely to abuse others when they become more senior. Medical doctors may report to the British Medical Association that they are being bullied, often by older and more senior colleagues, many of whom report themselves when more junior.\[11\]

Physician Jonathan Belsey relates in an emblematic narrative published in AMA Virtual Mentor entitled Teaching By Humiliation that you presented the case, somewhere along the line you would trip up and give the predatory professor his opportunity to expose. Sometimes it would be your lack of medical knowledge; sometimes the question that you failed to ask the patient that would
47% of 66 students in Comics in Medicine elective drew horror themed comics.
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.
- **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

A. 67%
B. 33%
- 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.
Leadership
Modeled
Available
Self-aware

Vision
Shared model
Clear goals
Organizational support

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
Fraser K. “Residents and Faculty Work Together to Reduce Faculty Intimidation of Residents and Improve Morale,” *Academic Psychiatry* 2014;38:2 217–220
Does your own program have a harassment plan?

1. Yes
2. No
Mazer LM, et al. Assessment of programs aimed to decrease or prevent mistreatment of medical trainees. JAMA Network Open 2018 1(3):e180870
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.
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 the 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
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 (CORS™)

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

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

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?

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