The Hidden Factor In Trainee Wellness:

Supporting Trainees who Experience Patient Aggression and Discrimination-Based Aggression/Harassment

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Overview

Prevalence of Harassment, Intimidation, and Mistreatment towards trainees

Addressing Microaggressions

Breakout groups #1

Addressing Harassment and Discrimination as a Training program/Program director

Institutional Measures to address Harassment and Discrimination

Breakout groups #2

Case 1

- While completing your rotation during the 3rd year of medical school, you along with your co-students who are all dressed in the short white coats are milling around waiting for your attending to present. An older white male patient walks from his room passing a few of your co-students to stop directly in front of you and tells you. “I need you to go change my bed pan”.

- Everyone hears the patient, but no one says anything to correct the patient except for you. You tell the patient that all of you are medical students, so why did he walk over to you and why didn’t he ask for a nurse?

Case 2

- In your OB/GYN rotation as a medical student, you and your classmates meet with the residents to discuss the clinical practice of the Gyn clinic and then the residents each pick a student to work with to see patients.

- No one picks you or even looks your way. You then ask the attending who should you work with and are told you could work by yourself and precept alone.

Case 3

- You are an intern on your second week on the medical floor where you have established a bond with your team.

- While sitting in the computer room with your sub-I student who is AA and your co-intern who was born in the USA but of Middle Eastern descent, asks you so when do you talk “Jive”? Do you and your friends or family talk Jive at home?

Case 4

- You are a third year resident meeting with a new patient, you have just completed your introductions and your patient states “I am sure you are a nice person, but I want a white doctor because they are better. Go get your supervisor, I need to change doctors.”

Case 5

- As an early career faculty your job titles include: Outpatient medical director and fellowship director.

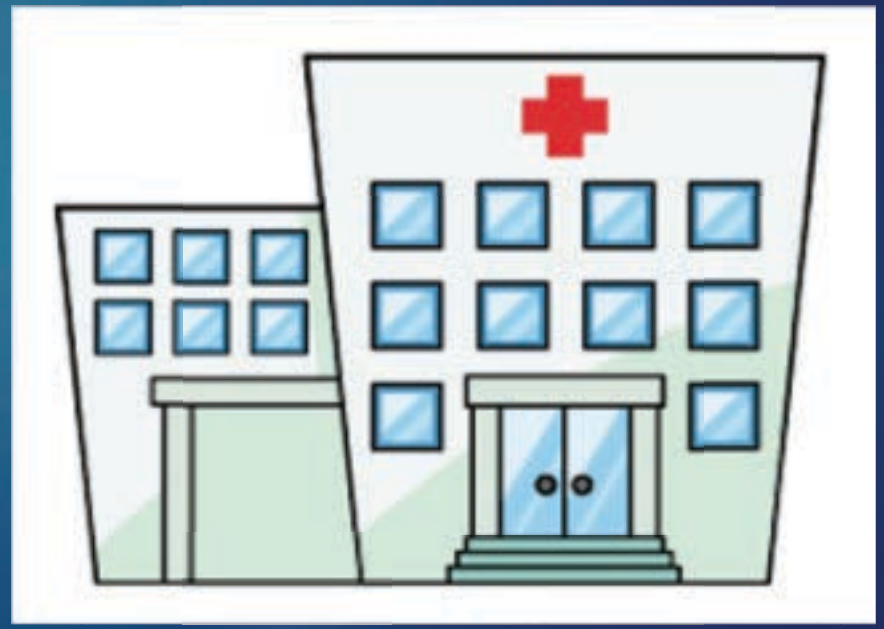
- You realize that the adult training director, adult outpatient medical director, the Med-Psych training director, along with the chairman of the department all attend leadership meetings where departmental changes/updates are discussed, but you were never informed or invited to attend.

Case 6

- You attend the Women's faculty meeting where as a group, you all discuss current issues that affect you as female faculty.

- You are the only person of color in the meeting, but are still excited about solidarity with other women faculty. You finally decide to speak up regarding some of your experiences, but one of the older white faculty ignores you and begins talking right over you.

Understanding the Prevalence of Harassment, Discrimination, and Mistreatment of Trainees



Poll Question: Have you experienced discrimination or harassment by a patient or patient's family?

Poll Question:
Have you experienced discrimination or harassment by a staff member?

Poll Question: Have you experienced discrimination or harassment by another physician?

Poll Question: How many incidents of discrimination or harassment of your trainees have you been made aware of in the last 3 years?

None

1-2

2-5

5+

Poll Question: Which types of discrimination or harassment have your trainees faced? Choose all that apply:

Explicit refusal of care
Explicit gender/age/racial/ethnic remarks
Questioning Clinician Role
Nonverbal disrespect
Discriminatory "jokes"
Assertive inquiry into one's background
Contextually inappropriate comments

Discrimination /Harassment is Common

59% biased/discriminatory comments from patients

50% experienced request for transfer based on gender/ ethnicity/ race

Watson, S. 2017

Types of Discrimination/Harassment

Explicit refusal of care

Explicit gender/age/racial/ethnic remarks

Questioning Clinician Role

Nonverbal disrespect

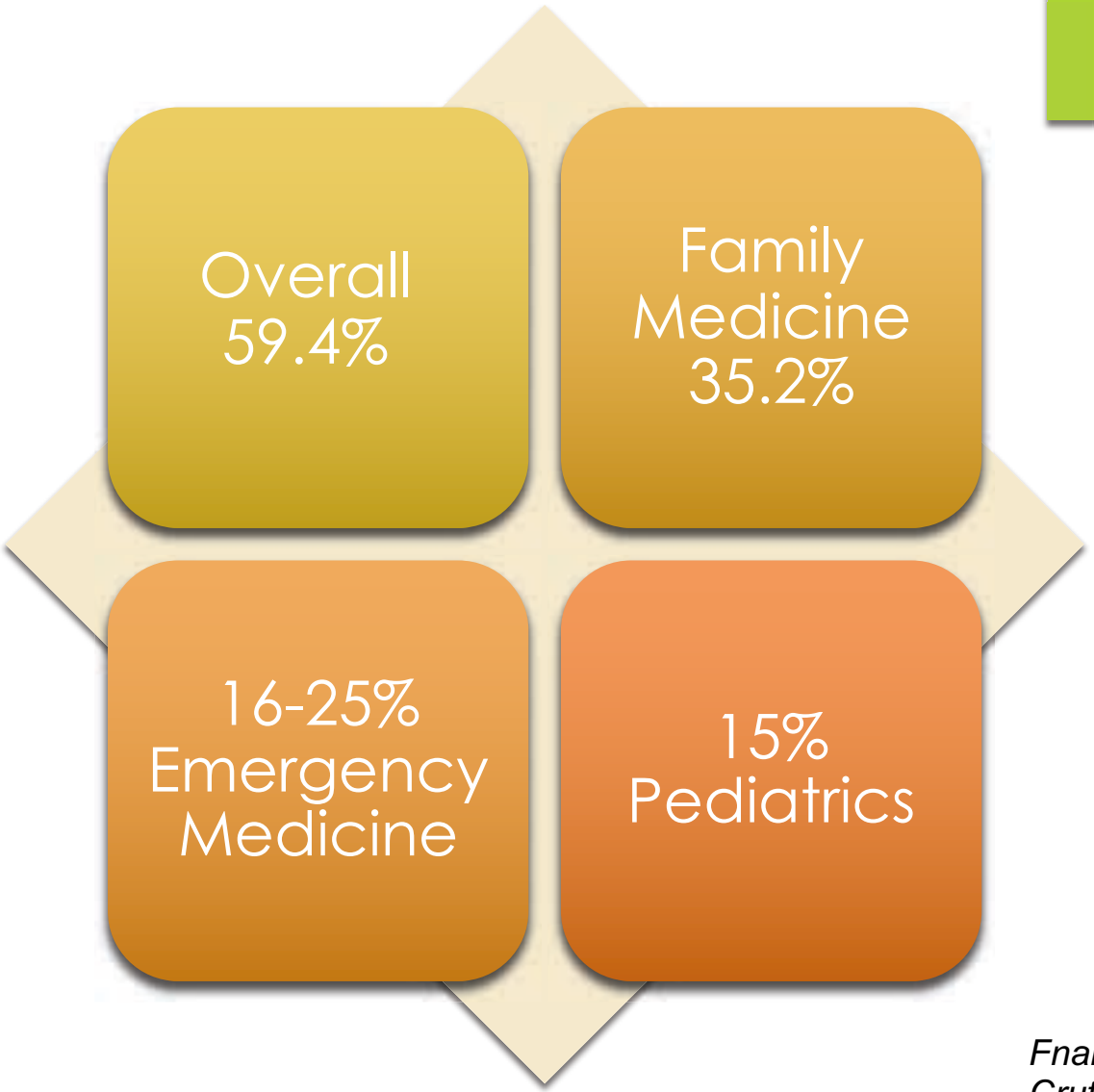
Discriminatory "jokes"

Assertive inquiry into one's background

Contextually inappropriate comments

Wheeler et al, 2019

Discrimination Towards Trainees



Fnais et al 2014
Crutcher et al 2011
Li et al 2008
Whitgob et al 2016
Huang et al 2018

Discrimination Towards Trainees

Verbal Harassment 63%

Consultants 34.4%

Patients/Patient's Families 21.9%

Fnais et al 2014

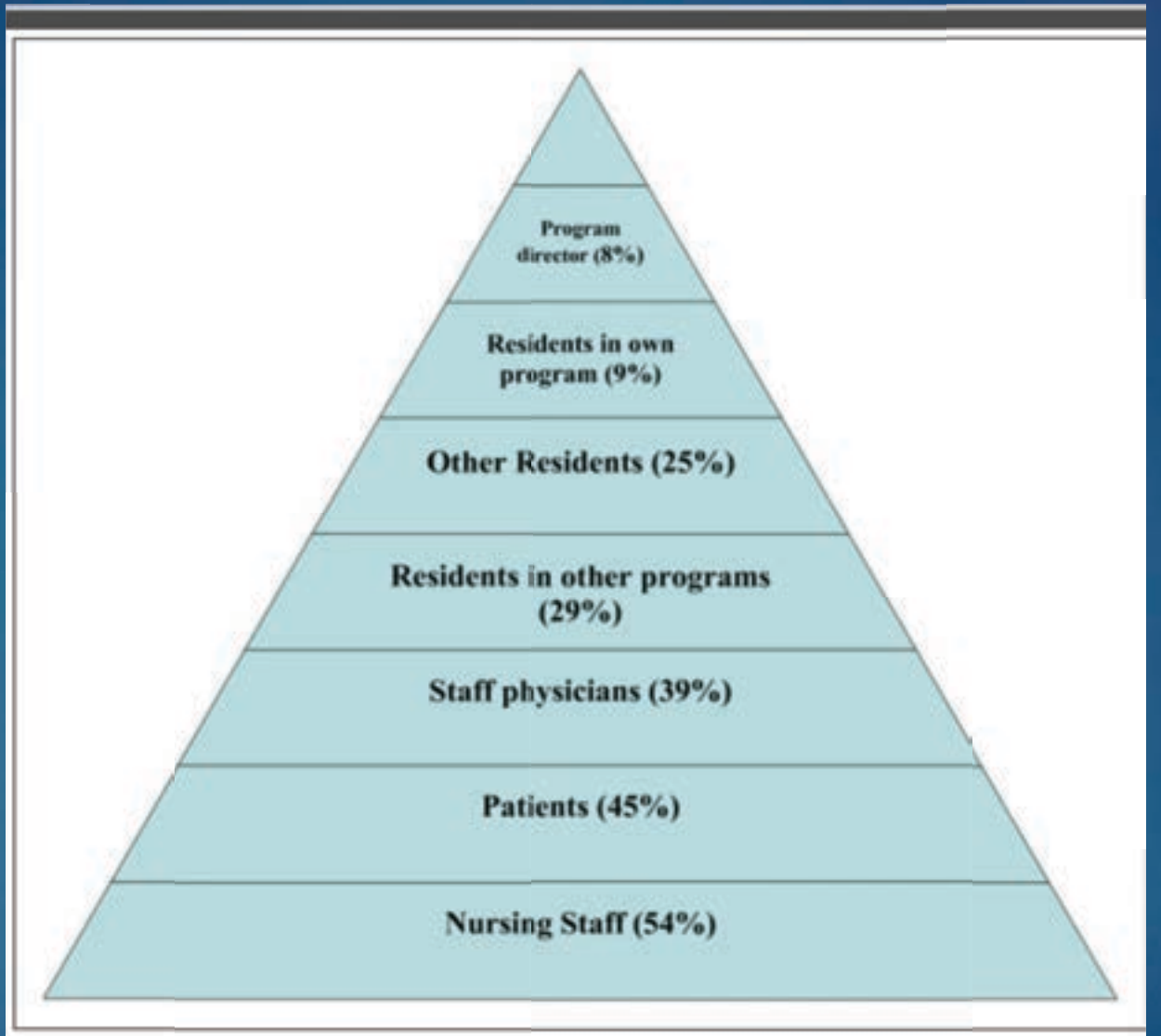


Figure 1

Frequency of groups perceived by residents as being intimidating and harassing to residents.

The happy docs study: a Canadian Association of Internes and Residents well-being survey examining resident physician health and satisfaction within and outside of residency training in Canada
BMC Res Notes. 2008;1:105-105.

Psychiatric Residents

- Percentage of residents who reported patient mistreatment
  - Verbal threats 86%
  - Physical Intimidation 71%
  - Unwanted advances 58%
  - Physical Assaults 25%
  - Stalking/following/ monitoring 7.5%

Common Psychological Consequences

EXHAUSTION

CYNICISM

ANXIETY

POST-TRAUMATIC STRESS DISORDER SYMPTOMS

GUILT

SELF-DOUBT

SHAME

Resident Reporting Behaviors

Rates of reporting discrimination/harassment to authorities or program directors

Most Common Reason: Lack of centralized reporting process

Other concerning beliefs about reporting

Understanding Terminology in Discriminatory Actions Towards Trainees

Adrienne Adams, MD, MS
Rush University Medical Center

Important terms to know

Aversive Racism- Implicit bias or unintentionally held beliefs despite voiced beliefs of racial equality

Micro aggressions

- A term first used in 1977, but gained more attention in 2007.
  - It is the study of assessing the impact of subtle racial expressions and to gain an understanding of stigmatization and bias
  - Micro aggressions is classified into three main types of racial bias.

Micro assaults

- Explicit racial verbal and nonverbal behaviors
  - These behaviors are meant to hurt the intended victim
  - Purposeful discriminatory actions, blatant isolation.

Continuation

Classifications of micro aggressions

Micro invalidations

- Are communications that exclude, negate, or nullify the thoughts, feelings of a person of color

Micro insults

- Verbal and nonverbal communications that slyly convey rudeness and insensitivity and demean a person's racial heritage or identity

The results of micro aggressions

- Pressure – POC/LGBTQ communities often feel they must always represent their race/ethnicity/sexual identity in a positive way
- Health risks- A few studies have shown AA in particular have higher rates of HTN
- Negative associations with many aspects of well-being: anxiety and depression, substance abuse, PTSD symptoms
- Internalization of others negative opinions
- Perceptions of lack of control over one's outcome
- Poorer academic performance

Strategies for combating micro aggressions

Strategies for faculty and trainee development

- Case Discussions
- Cultural competency and implicit bias education
- Preparing trainees early in the residency regarding racial/ethnic/ gender discrimination
- Educate faculty regarding institutional policies regarding discrimination and make all aware of the chain of command for escalations

Breakout Groups #1: Review of your Current Events/ Processes

Incidents of patient harassment/discrimination that have occurred in your setting

Do you have a centralized reporting protocol/process?

How do you support for trainees who experience mistreatment?

Do you address patient mistreatment as part of your training/education curriculum?

Poll Question: Do you ever personally intervened when discrimination or harassment of a trainees has occured?

Poll Question: Do you feel comfortable intervening when discrimination or harassment of trainees occurs?

Poll Question: What are some of the barriers that you have experienced in intervening in these situations:

1. Lack of awareness until after the event has occurred
2. Unsure how to address the event
3. Time
4. Concerned about repercussions
5. Other

Poll Question:
Do you have a reporting process in place for when events of discrimination or harassment occur?

Poll Question:
Do you have support structures in place to specifically address when trainees have experienced discrimination or harassment?

Addressing patient aggression/harassment as residency/fellowship programs and as program directors

Program-Level Responses

Set the ground rules

- Define appropriate and inappropriate behavior
- Promote understanding of clinical context
- Model appropriate responses

Program-Level Responses

Interventions with affected residents

- Avenues for reporting
  - Senior residents/chiefs
  - Attendings/supervisors
  - Program director

Program-Level Responses

Interventions with affected residents

- Responses to reported mistreatment
  - Resident debriefing and support
  - Assessment of need for additional intervention
  - Perceptions of additional areas for intervention

Program-Level Responses

Interventions with patients and families

- Immediate responses
  - Identify appropriate responder
    - Resident
    - Senior resident
    - Attending
    - Other staff

Program-Level Responses

Interventions with patients and families

- Follow-up responses
  - Empower (ie, assign) a responder
    - To assess the situation
    - To discuss options for response
    - To carry out the plan

Program-Level Responses

Interventions with units and services

- Identify toxic patterns/individuals
  - Tolerance or encouragement of inappropriate behavior
- Provide civility training
- Report persistent problems to medical center leadership

Program-Level Responses

Civility Training

- Define and recognize incivility
- Work to build “a community of connection”

Michigan Medical Culture Code

Building a Community of Connection

- Choose Kindness
  - Tone matters
  - Always treat others with consideration and respect
- Think the Best
  - Assume we are all trying to do the right thing

University of Michigan “Statement on Civility”
(Courtesy of Loree O’Jack)

Michigan Medical Culture Code

Building a Community of Connection

- Act in a Supportive Way
  - Encourage each other and acknowledge contributions
- Practice Forgiveness
  - Choose a forgiving attitude
  - Apologize and work to make things right

University of Michigan “Statement on Civility”
(Courtesy of Loree O’Jack)

Targeted Intervention:

Individual Clinical Faculty

Program

Larger System

Before the Encounter: Reflecting for Action

Principle	Suggested Language
1. Set the stage	"Sometimes we are the recipients of language or behavior from patients that feels demeaning or discriminatory. I would like to take some time as a team to discuss how we are going to respond."
2. Invite resident input	"Sometimes it feels safer if I, as the attending, am the one to address this behavior, However, I want to empower you to act if you prefer. What are your preferences?"
3. Make the plan explicit	"It sounds like the team would like me to step in and address discriminatory behavior and statements. If this occurs, you will notice me saying the following phrase: *'I'm surprised to hear you say that.'*" "It sounds like you all feel comfortable addressing this behavior as it comes up. That is fine, and we can work out the ways to do this. In those situations, I will remain quiet until/ unless the patient escalates or the learner signals for help."
4. Obtain an all-in pledge	"I would like us all to commit to protect each other and our environment from the harm of discrimination as much as possible. Can we all agree to that?"

Shankar M, Albert T, Yee N, Overland M. Approaches for Residents to Address Problematic Patient Behavior: Before, During, and After the Clinical Encounter. J Grad Med Educ. 2019

During the Encounter: Reflecting in Action

Principle	Suggested Language
1. Ensure the patient is clinically stable	
2. Address the comment: name the behavior as inappropriate	"I'm surprised you thought that would be an appropriate comment/joke." "Let's keep it professional." "I think you are trying to compliment me, but I am here to focus on your health."
3. Inform the patient you are there to improve his or her health	"I am/we are here to focus on your health."
4. Share your perspective	"When you said XX, I felt YY."
5. (Re)educate the patient about the roles of team members	"Your care team is made up of many different people who are all working to improve your health. I respect every member of your team and ask you to do the same." "Dr. Jones is the physician in charge of your day-to-day care." "Maria is a highly trained nurse who is working hard to provide your daily care."
6. Temporarily remove learners from the setting if behavior continues	"We are going to come back in 30 minutes and hope you will be ready to focus on your health."

Shankar M, Albert T, Yee N, Overland M. Approaches for Residents to Address Problematic Patient Behavior: Before, During, and After the Clinical Encounter. J Grad Med Educ. 2019

After the Encounter: Reflecting on Action

Principle	Suggested Language
1. Attend to safety and emotions of group	"I would like to take some time to acknowledge and reflect on how that experience felt for everyone."
2. Acknowledge what went well	"I'm hoping you will share a bit about what went well during that encounter."
3. Discuss what could have gone better	"How could we have addressed that situation differently to get a better outcome?"
4. Plan for the future	"I am recommitting myself to keeping the learning environment as safe and positive as possible. Next time something like this happens, I will . . ."

Shankar M, Albert T, Yee N, Overland M. Approaches for Residents to Address Problematic Patient Behavior: Before, During, and After the Clinical Encounter. J Grad Med Educ. 2019

Targeted Intervention: Program

- Expect that such events will happen and prepare accordingly.
  - Educator development.
  - Talk/read/rehearse specific language.
  - Provide anticipatory guidance to trainees.
- Recognize the mistreatment.
  - Consider the perspective of the trainee.
  - Distinguish between types of mistreatment.
  - Pay particular attention to potential microaggressions, "compliments."
- Address the situation in real time.
  - Consider context, goal, and tone.
  - Use specific language/technique depending on the situation.
  - Maintain a professional demeanor.
- Support the learner after the event.
  - Ask learners how they experienced the event.
  - Listen and respond to concerns.
  - Engage in decision making about next steps.
- Establish/encourage a positive culture.
  - Express openness to hearing concerns.

Goldenberg MN, Cyrus KD, Wilkins KM. ERASE: a New Framework for Faculty to Manage Patient Mistreatment of Trainees.

Targeted Intervention: Hospital System

Let's think about larger systems

Health System or Hospital Policies/Procedures

Key Players/Personnel/Departments

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Addition to patient rights and responsibility signage:

Michigan Medicine is a diverse place that endorses a culture of equity and inclusion.

In order to reinforce these values, we do not tolerate harassment, discrimination, or abuse based upon race, sex, gender identity and gender expression, color, religion….

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Behavior in violation of this policy by patients...will be followed up on and ...will be addressed as soon as it is reported.

No Michigan Medicine faculty, staff or learners should have to tolerate a situation in which they are abused, harassed or discriminated against by patients, their families or their visitors. Any such instance should be reported to a manager/supervisor immediately and referred to the Office for Institutional Equity...

Targeted Intervention: Institution-Level

PREVENTION:

1. Assess your program
2. Implicit Bias
3. Establish Commitment to Culture

READINESS:

1. Build a diverse and inclusive team
2. Train team to respond to mistreatment
3. Practice Response Plan

RESPONSE

1. Codify expected responses and ladder of responsibility
2. Debrief Events
3. Learner Support Structure

Shankar et al 2019, Goldenberg et al 2019, Eichelberger et al 2018

Breakout Groups #2:Case Discussion

Break into groups and select a group representative

Review cases and answer the following questions:

- Acute management
- Reporting strategies
- Long term systems changes to address
- How to support the trainee

Each group will then report their findings and thoughts to the larger group.

ThankYou