

# **The Hidden Factor In Trainee Wellness: Supporting Trainees who Experience Patient Aggression and Discrimination-Based Aggression/Harassment**

## **Presenters**

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## **Educational Objective**

1. Attendees will review the frequency and types of patient-related aggression that occur towards psychiatric trainees.
2. Attendees will identify risk factors for verbal aggression and harassment from patients including female gender and racial and ethnic minority status
3. Attendees will identify the role that faculty and training directors play in supporting trainees from minority populations following an episode of aggression
4. Attendees will design training and didactics around discrimination-based aggression

## **Practice Gap**

Patient aggression and violence is a serious and unfortunate reality experienced by psychiatrists as well as psychiatric trainees over the course of their careers. Though aggression and violence directed towards psychiatrists have been addressed in the literature, few studies study the intersection of aggression from patients towards trainees and discrimination/harassment of minority trainees. As such, training programs and faculty often lack an understanding of how to prepare and support minority trainees when these events occur. There are even fewer programs that provide specific training in the assessment and management of discrimination-based aggression in psychiatric settings.

## **Abstract**

Patient aggression towards training physicians is a well-known phenomenon. Despite a focus on physical aggression and assault, verbal aggression and harassment is reported as the most common form of aggression from patients towards trainees, with up to 86% of psychiatry residents reporting being verbally threatened by a patient. However, few studies have looked at the intersection of patient aggression and discrimination-based harassment and aggression. This is of particular importance as up to 60% of residents describe experiencing harassment or discrimination during their training. Verbal harassment is the most commonly cited type of discriminatory behavior, including high rates of reported harassment and discrimination from patients or patients' families. Current studies suggest under-reporting of aggressive episodes given that it may not be clear to trainees which behaviors warrant reporting or notification, as well as perceived risk for negative outcomes from training program. Residents also describe aggression-based harassment impacting decision-making related to program continuation and an overall sense of well-being. Recently, educational interventions focusing on addressing discrimination from patients have been described, but no current interventions specifically

address harassment-based aggression. This workshop seeks to help educate training directors on the intersection of patient-aggression and discriminatory behavior towards trainees and help to design training and didactics around harassment-based aggression that meet the needs of our trainees.

### **Agenda**

15 minutes Mohiuddin – Presentation on available data on patient aggression towards trainees in psychiatry

10 minutes Adams - Presentation on discrimination-based harassment towards trainees from supervisors, staff, and patients

10min - Small group discussion: Participants will break into groups and detail events related to aggression that have taken place at their own institutions

10 Minutes Jibson – Presentation on addressing patient aggression/harassment as residency/fellowship programs and as program directors

45 minutes (all presenters): Two-part active learning session, will break into small groups with facilitators

Part 1: Specific scenarios of discrimination-based aggression are given to each group for discussion. We will plan to have each group discuss one scenario and describe acute safety management, reporting strategies, debriefing, and how to support the trainee. Each group will then report their findings and thoughts to the larger group.

Part 2: Each person will then be given an opportunity to reflect on their own program, events that have occurred in the past, and their current state for training and education around harassment-based aggression towards trainees. They will then brainstorm ideas together on how to address barriers to the implementation of safety protocols and educational programming. Each group will then report their findings and thoughts to the larger group.

### **Scientific Citations**

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- 6) Coverdale, J., Gale, C., Weeks, S., & Turbott, S. (2001). A survey of threats and violent acts by patients against training physicians. *Medical education*, 35(2), 154-159.
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- 9) Brenner, A. M., Coverdale, J., Guerrero, A. P., Balon, R., Beresin, E. V., Louie, A. K., & Roberts, L. W. (2019). An Update on Trainee Wellness: Some Progress and a Long Way to Go.