Learner Mistreatment: Shared Accountability for the Learning Environment

November 4, 2012
2012 GQ – Changes to the Mistreatment Questions

• In 2012, the gateway question was removed.
• References to “mistreatment” were also removed.
• All participants were asked:

“For each of the following behaviors, please indicate the frequency with which you personally experienced that behavior during medical school. Include in your response any behavior performed by faculty, nurses, residents/interns, other institution employee or staff, or other students. Please do not include behaviors performed by patients.”
Negative Behaviors Assessed

Publicly humiliated
Threatened with physical harm
Physically harmed
Required to perform personal services
Subjected to unwanted sexual advance
Asked to exchange sexual favors for grades
Subjected to offensive sexist remarks
Denied opportunity due to gender
Received lower evaluation or grades due to gender

Subjected to offensive remarks or names related to race/ethnicity
Denied opportunity due to race/ethnicity
Received lower evaluation or grades due to race/ethnicity
Subjected to offensive remarks or names related to sexual orientation
Denied opportunity due to sexual orientation
Received lower evaluation or grades due to sexual orientation
<table>
<thead>
<tr>
<th>2012 GQ Results – National Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Publically humiliated</td>
</tr>
<tr>
<td>Threatened with physical harm</td>
</tr>
<tr>
<td>Physically harmed</td>
</tr>
<tr>
<td>Required to perform personal</td>
</tr>
<tr>
<td>services (e.g., shopping,</td>
</tr>
<tr>
<td>babysitting)</td>
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<tr>
<td>Subjected to offensive sexist</td>
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<tr>
<td>remarks</td>
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</tbody>
</table>
GQ Experiences of Negative Behaviors

• The national data show that different behaviors are being experienced at very different rates

• Also, the rates of these behaviors vary substantially across schools

• For example
  • “Public humiliation” was experienced at least once by 34% of the students nationally. The range of responses across schools was 10% - 53%
  • “Subjected to offensive sexist remarks” was experienced by almost 16% nationally; the range across schools was 1% - 29%
GQ Experiences of Negative Behaviors

• The 2012 GQ data provide a broad picture of negative behaviors during medical school

• Rather than focusing on the concept of “mistreatment,” these data allow a broader focus on learning environment and medical school climate

• These data are not comparable to recent past years of GQ data
GQ Experiences of Negative Behaviors

• The 2012 data are not comparable to recent past years of GQ data; the most recent prior administration with this format (without the “gateway question”) was 1999.

• Most of the negative behaviors assessed in 1999 and 2012 were identically worded, allowing for a look at what progress has been made over the past 13 years.

• Comparisons in following slides show statistical significance levels from Chi-square analyses.
Comparison of 1999 and 2012 GQ
Percent responding “Once” or more

- Required to perform personal services: <.01
- Threatened with harm or physically harmed: <.01
Comparison of 1999 and 2012 GQ
Percent responding “Once” or more

Subjected to offensive sexist names or remarks

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Women</td>
<td>&lt;0.01</td>
<td>ns</td>
</tr>
</tbody>
</table>

ns: not significant
<0.01: statistically significant
Gender discrimination
Percent responding “Once” or more

Denied opportunities solely because of gender

- Men: 1999: <.01, 2012: <.01
- Women: 1999: <.01, 2012: <.01

Received lower grades or evaluations solely because of gender

- Men: 1999: <.01, 2012: <.01
- Women: 1999: <.01, 2012: <.01
Negative sexual behaviors
Percent responding “Once” or more

Unwanted sexual advances

- Men: 1999 vs. 2012, no significant difference (ns)
- Women: 1999 vs. 2012, significant difference (p < .01)

Asked to exchange sexual favors for grades

- Men: 1999 vs. 2012, no significant difference (ns)
- Women: 1999 vs. 2012, significant difference (p < .01)
Negative behaviors related to race/ethnicity
Percent responding “Once” or more

- Subjected to offensive names or remarks based on race/ethnicity: <.01
- Denied opportunities based solely on race/ethnicity: <.01
- Received lower grades or evaluations based solely on race/ethnicity: <.01
Negative behaviors related to sexual orientation
Percent responding “Once” or more

- Subjected to offensive names or remarks based on sexual orientation: 2.2% in 2012, <.01 in 1999
- Denied opportunities based solely on sexual orientation: <.01 in both 1999 and 2012
- Received lower grades or evaluations based solely on sexual orientation: <.01 in both 1999 and 2012
Conclusions

• Some improvement has been shown over the past decade, particularly in the decrease of many discriminatory behaviors and increased knowledge of school policies about mistreatment.

• Experiences of public humiliation and offensive language related to gender, race and sexual orientation are at similar or higher levels than in 1999.

• The need for improving the learning climate at medical schools is supported by these data.
Professional Accountability: Addressing Behaviors that Undermine a Culture of Safety (All team members)

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Promoting Reliability

Three Pillars

- Vision/goals/core values
- Leadership/authority (modeled)
- A safety culture
  - Willingness to report and address
    - Psychological safety
    - Trust
  - “Behaviors that undermine a culture of safety” threaten trust, therefore must be addressed promptly, fairly, and in a measured way

Case: “Time Out”

- **Med Student XX** is participating in a research project - surgical team adherence to universal protocols.

- To avoid Hawthorne effect, the surgical team knows only that “students will be observing.”

- Med Student XX is in OR suite with **faculty mentor** (an anesthesiologist). **Dr. NSurg** enters.

- **Nurse ___** (Surgical Circulator) calls for a time out prior to start of a cervical laminectomy and spinal fusion on Jane Doe, age 88.
Case: “Time Out”

- Dr. NSurg notices the student: “What are you doing here?”
- Med Student, “I am here as part of a study…”
- Dr. NSurg, “About what?”
- Med Student, “…universal protocols…”
- Dr. NSurg interrupts, “…stupid Mickey Mouse stuff …spies are always in here…get the !&#@! out of my OR.”
How might Medical Student XX respond?

1. Reassert role and importance of study, stay in OR
2. Look to anes. faculty for help
3. Quickly leave the OR…
4. Leave OR, report event to…(authority)
5. Leave OR, resign study, and report to no one
6. Something else
Back to the Case: “Time Out”

- Med Student looks at faculty mentor, who remains silent
- Circulator nurse also remains silent
- As Medical Student XX leaves, Dr. NSurg demands to OR team, “C’mon, can we get this case started and don’t make me wait for that !@#$! time out…”
In your OR, what % of the time would the event be reported to a medical leader or through an established event reporting system?

1. 0%-20%
2. 20%-40%
3. 40%-60%
4. 60%-80%
5. 80%-100%

- 42% for 0%-20%
- 18% for 20%-40%
- 10% for 40%-60%
- 9% for 60%-80%
- 20% for 80%-100%
If reported, what would be reported?

1. Verbal assault of student
2. Refusal to follow universal protocol
3. Both
4. Neither
In your OR, how might the faculty mentor respond? Choose all that apply:

1. Ignore “this time”
2. Coach student: “if asked again why in OR, say, ‘…just here to learn’…”
3. Give student an “Incomplete” on the project
4. Report event for review by appropriate authority
5. Go directly and have a private conversation with Dr. NSurg
6. Depends on relationship with Dr. Nsurg
7. Depends on “seniority” of Dr. NSurg
8. Something else
Why are we surprised that little changes?
Medical Student Mistreatment*

- Mistreatment is common: 1 in 6 U.S. med students reported experiences of mistreatment; Similar findings in Japan, Netherlands, and UK
- 1996-2008: > 50% of UCLA med students reported mistreatment. Verbal and power mistreatment most common; 5% reported physical mistreatment
- Mistreatment most often from residents (40%) and clinical faculty (36%)
- Serious mistreatment did not decrease despite interventions over study period

<table>
<thead>
<tr>
<th>Situation</th>
<th>Frequency: mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior behaved inappropriately, did not report…would affect my evaluation</td>
<td>1.9 (1.0)</td>
</tr>
<tr>
<td>Team member was disrespectful to someone below…</td>
<td>1.7 (1.1)</td>
</tr>
<tr>
<td>Pt was discriminated against by team member (gender, race, etc)</td>
<td>0.3 (0.6)</td>
</tr>
<tr>
<td>An error was made that was not disclosed</td>
<td>0.8 (0.8)</td>
</tr>
<tr>
<td>I performed a procedure that I did not feel qualified to do, felt pressured</td>
<td>0.9 (0.7)</td>
</tr>
<tr>
<td>Team member was rude to a patient</td>
<td>1.0 (0.8)</td>
</tr>
</tbody>
</table>

2012 AAMC Annual Meeting
Efforts to eliminate learner mistreatment will fail until we commit to reliably address any and all professionals who model behaviors that undermine a culture of safety (even VIPs)
Professionalism and Self-Regulation

• Professionals commit to:
  • Technical and cognitive competence
• Professionals also commit to:
  • Clear and effective communication
  • Modeling respect
  • Being available
  • “Self awareness”
• Professionalism promotes teamwork
• Professionalism demands self and group regulation

The Balance Beam

<table>
<thead>
<tr>
<th>Competing priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure how lack tools, training</td>
</tr>
<tr>
<td>Leaders “blink”</td>
</tr>
<tr>
<td>“Can’t change…”</td>
</tr>
<tr>
<td>Fear of antagonizing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do nothing</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do something</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Staff satisfaction and retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reputation</td>
</tr>
<tr>
<td>Patient safety, clinical outcomes</td>
</tr>
<tr>
<td>Liability, risk mgmt costs</td>
</tr>
</tbody>
</table>

Infrastructure for Promoting Reliability & Professional Accountability (PA)

1. Leadership commitment (will not blink)
2. Goals, a credo, and supportive policies
3. Surveillance tools to capture observations/data
4. Process to guide graduated interventions
5. Processes for reviewing observations/data
6. Multi-level professional/leader training
7. Resources to address unnecessary variation
8. Resources to help affected staff and patients


Learner Mistreatment

• “A cardiology fellow slapped my hand when I was unable to answer an EKG question and said: ‘If teaching doesn’t help you learn, then pain will.’”

• “Attending grabbed and attempted to kiss [me]. This was the reported incident. The other incidences consisted of being asked out and comments on how pretty and ‘distracting’ to the other surgeons I was…”

• “Two different residents made comments about if I left the OR to go to lecture or Doctoring, it would be reflected on my evaluation.”

Promoting Professionalism Pyramid

Vast majority of professionals - no issues - provide feedback on progress


- **Level 1 "Awareness" Intervention**
  - Single "unprofessional" incidents (merit?)
  - Pattern persists
  - No Δ

- **Level 2 "Guided" Intervention by Authority**
  - "Informal" Cup of Coffee Intervention
  - Egregious

- **Level 3 "Disciplinary" Intervention**
  - Mandated Reviews

Mandated Reviews

- "Informal" Cup of Coffee Intervention
- Egregious
- Level 1 "Awareness" Intervention
- Level 2 "Guided" Intervention by Authority
- Level 3 "Disciplinary" Intervention

Vast majority of professionals - no issues - provide feedback on progress

Mandated

But does any of this work?
Patient Complaints

• “Dr. XX (neurosurgeon) was rude. I told Dr. XX what Dr. YY (another surgeon) said…Dr. XX replied, ‘Dr. YY doesn’t know what she’s talking about.’”

• “My mom was going to have surgery on her brain tumor so I asked Dr. XX to explain the procedure details. Dr. XX said, ‘I drew a picture. If you don't get it, you just don't get it.’”

• “Dr. XX was rude and uncaring…told me, ‘There’s no amount of surgery that can fix your problems.’”

(Trainee present at each event)
Academic vs. Community Medical Center

50% of concerns associated with 9-14% of Physicians

Note: 35-50% are associated with NO concerns

Awareness Intervention on Dr. __

- Letter with standings, assurances prior to & at meeting
- “You are here” graph with 4-yr Risk Scores
- Complaint Type Summary

**Complaint Type Summary**

*Audit Period for Data in this Table: June 1, 2007 - May 31, 2011*

<table>
<thead>
<tr>
<th>Complaint Type Categories</th>
<th>Number of Complaints</th>
<th>Distribution of Complaints*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your Complaints</td>
<td>Average for Surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Your Complaints</td>
</tr>
<tr>
<td>Care &amp; Treatment</td>
<td>21</td>
<td>4.5</td>
</tr>
<tr>
<td>Communication</td>
<td>12</td>
<td>2.2</td>
</tr>
<tr>
<td>Concern for Patient &amp; Family</td>
<td>20</td>
<td>1.0</td>
</tr>
<tr>
<td>Accessibility &amp; Availability</td>
<td>3</td>
<td>1.8</td>
</tr>
<tr>
<td>Environment</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Money or Payment Issues</td>
<td>4</td>
<td>0.6</td>
</tr>
<tr>
<td>Total Number of Complaints</td>
<td>60</td>
<td>16.1</td>
</tr>
</tbody>
</table>

| Distribution of Complaints*       | Average for Surgery  |
| Your Complaints                  |                      |
| 35%                              | 49%                  |
| 30%                              | 22%                  |
| 33%                              | 10%                  |
| 5%                               | 18%                  |
| 0%                               | 0%                   |
| 7%                               | 6%                   |

**Total Number of Reports†**

- In the past 48 months: 21 4.9
- In the past 12 months: 9 1.4

*Complaint distribution figures are rounded to the nearest percent; therefore, the totals may not equal precisely 100%.

†Each report may contain multiple complaints.

**Frequency of Risk Scores for Physicians**

This graph shows the distribution of Risk Scores. The Risk Score is based on an algorithm in which complaints about physicians filed in more recent years have greater impact than those from previous years.

**Concerns bullet list**

- Redacted narrative reports
### Total # of high complaint physicians
- 853

### Departed after initial intervention
- 61

### First follow-up later in 2012 – 2013
- 157

### Total with follow-up results
- 635

### Results for those with follow-up data:
- **Good – Intervention visits suspended**: 336 (53%)
- **Good – Anticipate suspension in 2012-2013**: 107 (17%)
- **Some improvement – Still need tracking**: 43 (7%)

### Subtotal
- **486** (77%)

### Unimproved/worse
- **110** (17%)

### Departed Unimproved
- **38** (6%)

### Total follow-up results
- **635**

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Malpractice Claims (per 100 MDs) FY1992 - 2012

**TN Certificate of Merit

* Data used with permission, State Volunteer Mutual Insurance Company, a mutual insurer of 10,500 TN non-VUMC physicians of all specialties, 29% to 33% who practiced in Middle TN during the target date.

This material is confidential and privileged information under the provisions set forth in T.C.A. §§ 63-1-150 and 68-11-272 and shall not be disclosed to unauthorized persons.
Efforts to eliminate learner mistreatment will fail until we commit to reliably address any and all professionals who model behaviors that undermine a culture of safety (even VIPs)

We must have a plan and follow the plan.
Professionalism and Self-Regulation

• Professionals commit to:
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• Professionals also commit to:
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  • Modeling respect
  • Being available
  • “Self awareness”
• Professionalism promotes teamwork
• Professionalism demands self and group regulation

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In your environment...

1. Strongly agree
2. Agree
3. Not sure/depends on...
4. Disagree
5. Strongly disagree
In your environment...

1. Strongly agree
2. Agree
3. Not sure/depends on...
4. Disagree
5. Strongly disagree
In your environment...

1. Strongly agree
2. Agree
3. Not sure/depends on...
4. Disagree
5. Strongly disagree
In your environment...

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In your environment...

1. Strongly agree
2. Agree
3. Not sure/depends on...
4. Disagree
5. Strongly disagree
In your environment...

1. Strongly agree
2. Agree
3. Not sure/depends on...
4. Disagree
5. Strongly disagree
What do you think?

1. Yes
2. No
3. Uncertain
What do you think?

1. Yes
2. No
3. Uncertain
What do you think?

1. Yes
2. No
3. Uncertain
What do you think?

1. Yes
2. No
3. Uncertain
What do you think?

1. Yes
2. No
3. Uncertain