ABSTRACT # 6

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Type of Trainee: Resident

Title: Training residents to intervene when mistreated by patients and their families
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Background: Mistreatment of trainees adversely impacts learning and wellbeing and can lead to medical errors. However, few studies have examined mistreatment of trainees by patients and their families or the effect of a curricular intervention to address it. We hypothesized that pediatric residents commonly experience mistreatment from patients and their families and that targeted training would improve their knowledge and perceived effectiveness in responding.

Methods: We collected baseline data on resident mistreatment using an anonymous Qualtrics survey based on the AAMC Graduation Questionnaire, review by departmental and hospital leadership, and pilot testing. We emailed the survey to all pediatric residents (78). We then invited residents to a one-hour training using a framework previously piloted with Yale psychiatry residents (ERASE: Expect, Recognize, and Address mistreatment, Support team members, Encourage a positive culture). Participating residents completed surveys about their knowledge and self-efficacy in intervening before and after training.

Results: Of 78 residents, 45 completed the baseline survey (58%). 98% reported experiencing mistreatment from patients or their families in the last year. 80% of residents experienced offensive behavior or remarks. Remarks based on age and gender were reported by 69% and 49%, followed by appearance (27%), race/ethnicity (18%), language proficiency (9%) and sexual orientation (2%). While 44% and 40% felt that they intervened effectively when they or their colleagues were mistreated, respectively, only 13% reported having received training on how to intervene. Of 36 residents who attended the training on intervening, 25 completed the pre-training survey and 24 completed the post-training survey. After training, more residents reported that they knew how to intervene in episodes of mistreatment (75% vs. 24%; p<0.05) and had a standardized approach to address mistreatment (50% vs. 20%; p<0.05); there was no difference in their reported self-efficacy in intervening (33% vs. 24%).

Conclusions: These results indicate that pediatric residents commonly experience mistreatment from patients and their families and targeted training can improve their knowledge about how to intervene. Further longitudinal study is planned to determine if this increased knowledge is sustained and whether it translates into increased self-efficacy in intervening in episodes of mistreatment and decreases its prevalence.

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