



# Not Just Part of the Job: A Proposed Educational Intervention for Residents in Disruptive Work Environments

Maya Prabhu, MD, LL.B.

Department of Psychiatry, Yale School of Medicine, New Haven, CT



## OBJECTIVE

To perform a needs analysis of Medicine trainees' exposure to sexually harassing behavior as a first step towards developing an educational intervention to improve resident knowledge and sense of self-efficacy with regard to identifying, preventing and managing disruptive workplace behavior especially forms of harassment.

## BACKGROUND

In November 2014, a high profile national news article and subsequent Faculty-wide town hall meetings prompted numerous discussions about Medical School culture with regard to sexual harassment and workplace climate. The Department of Medicine embarked on a survey to explore the prevalence of sexual harassment experienced by their trainees (residents and fellows). Additionally, the Yale New Haven Hospital Psychiatric Consultation-Liaison service was contacted by the Medicine program to provide training and education regarding violence de-escalation after an incident of aggressive behavior on an in-patient unit. All these events suggested the need for an educational intervention to improve residents' comfort level in dealing with boundary transgressions.

## METHOD

The survey was developed by Department of Medicine leadership and administered electronically through Yale Qualtrics survey tools to approximately 300 Medicine residents and fellows with reminders sent every week for three weeks. Respondents were informed of the rationale for the survey and reminded that their participation was voluntary and responses were non-identifiable and anonymous. Questions included basic demographic information as well as a list of potentially discomforting experiences which trainees need not necessarily characterize as harassment.

## DISCUSSION

The survey results taken together with residents' own descriptions of difficulties in managing aggressive patient behavior, indicate that there is a significant need for skills-training. Trainees reported a range of belittling, harassing and at times frightening encounters in the workplace, most often related to, but not limited to the patient-physician interaction. Other trainees and supervisors were the next cited source. This is consistent with surveys from the US and elsewhere. Although the original needs assessment survey was conducted to identify concerns primarily about sexual harassment, trainees experienced disruptive behaviors as occurring along a spectrum of troubling encounters: while sexual harassment could occur in isolation, it was also seen as part of an escalating response which included physical or verbal aggression. Residents also reported reluctance to ask for assistance especially when harassment occurred in front of other trainees or Attendings. Fear of retaliation, of being seen as unprofessional or incompetent and a sense of futility limited residents' willingness to seek "backup."

## RESULTS

Table 1. Internal Medicine Survey 2014.

Please select the answer that most closely reflects your experience in the WORKPLACE				
	Yes	No	Not Sure	Total
Have you ever been subject to unwanted flirtation?	33	98	9	140
Have you received unwanted communications (e-mails, texts, phone calls) of a personal nature from someone in the workplace?	10	128	1	139
Have you ever felt uncomfortable by overt or covert sexual advances from someone you work with?	14	122	3	139
Have you ever changed the way you dress to avoid unwanted sexual attention from an individual you work with?	13	125	1	139
Have you ever changed your daily routine (i.e. use certain hallways, stairwells, etc) to avoid interacting with an individual you work with due to fear of unwanted sexual advances?	6	133	0	139
Have you ever felt ashamed or worthless due to unwanted flirtation of sexual advances from someone you work with?	2	137	0	139
Have you ever felt discriminated against (sex, race, religion) in your end of rotation evaluation?	10	127	3	140
Have you ever been sexually assaulted in the workplace?	2	136	0	138
Have you experienced sexual bribery (offer of better evaluation, promotion, or other advantage in exchange for sexual favor; threats for refusal of sexual favors)?	1	137	0	138
Have you ever felt discriminated against (sex, race, religion) in your end of rotation evaluation?	10	127	3	140
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Of 300 surveys sent, 139 responses were received (approx. 45%)

### Themes from Pilot Workshop and Survey

1. De-escalation and Boundary Setting Skills
2. More Involvement from Faculty and Attendings
3. Guidance on how and when to report events

"I was afraid I would be blamed/not taken seriously and I thought there could be ramifications for me."

"Sometimes, harassment isn't a problem until you say no to something else like narcotics."

"I never knew that other people went through the same thing. We never talk about it."

"I thought it went with the job."

## CONCLUSIONS

Next steps would be to develop an educational curriculum which would include didactic sessions, observed role-play and simulated patients. One model already in use at Yale New Haven Hospital and developed by psychiatric Clinical Nurse Specialists Nancy Tommasini and Patricia Cunningham provides a toolkit of techniques with an interdisciplinary approach (involving hospital security, nurses and MDs). This could be adapted to the specific needs of trainees.

Table 2. Internal Medicine Survey

If you experienced any of the above or other behaviors in the workplace that made you uncomfortable, did you tell anyone about the experience? You can select more than one response.

	Response	%
No, I did not tell anyone	20	43%
Told a friend/family not in program	11	23%
Told a co-resident in program	13	28%
Told Chief Resident	0	0%
Told senior Program member (PD, APD, Chair)	2	4%
Other (staff, nursing)	1	2%



Yale Daily News/Elena Malloy

## REFERENCES

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