Words Matter

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Conflicts

• None

• All images used with permission
Learning Objectives

• What is meant by learner mistreatment?

• How does our situation compare with the literature?

• What can be done to improve?
Case 1

• A student is presenting a cardiology case to a visiting senior staff member from another university.

• Asked a question about the case, the very nervous student inadvertently mixing up the right and left sides of the heart.

• In front of everyone, the visitor comments, “I can’t believe you did that. What medical school did you go to?”
Case 2

• A hijab-wearing resident has seen a patient in clinic.

• She now needs to present her findings and plan to the attending.

• They enter the examination room together to see the patient.

• As the resident begins her presentation, the attending turns to the patient and asks, “What do you think about Quebec’s new law banning religious symbols in education and health?”
Learning environment

• Our learners report high rates of negative experiences in our learning environment → mistreatment
  
• Belittlement
• Bullying
• Racism
• Sexism
Things are tough right now

• Pandemic
• Staff shortages everywhere
• Demographic pressures on the health care system
• Long delays
• Supply chain issues
• Inflation
• War
• …
Nature of the complaints
General Mistreatment

• Public humiliation
• Yelling
• Issues related to the use of one of the official languages or language acquisition (French/English)
• Rudeness, unprofessional actions or general harassment
• Blaming learners for the consequences of disorganization of the supervisor

Source: Office for Respectful Environments (April 12, 2021 – February 9, 2022)
Other Forms of Mistreatment

• Racial/Ethnic
  • Comments about a person’s appearance
  • Inappropriate presumptions about a person’s competency based on where they are from

• Sexual Mistreatment
  • Inappropriate touching
  • Calling female colleagues “princess”

Source: Office for Respectful Environments (April 12, 2021 – February 9, 2022)
Some Examples
I have a name...

“I would see her all the time with my badge, so I knew that she could see my name. I didn’t expect her to memorize my name, but I knew she could see it. And she called me Med Student Number One. She would just say, ‘Med Student Number One, go grab this for me.’”
What students hear

“I don’t care if I get something wrong. I’m wrong all the time. But if they make me feel like I’m an idiot for getting something wrong or if they make me feel like ‘Oh, you’re stupid. You should have known that,’ then that’s not good.”

Source: Markman et al, Med Ed Online 2019
In a meeting with a group of students the instructor sees their students for the first time without procedural masks. The instructor confuses a student for someone else. Rather than apologize and rectify the situation, the instructor tries to “joke” that all Black students look alike.

And no one calls this out or tries to ensure the safety of the student.
Nobody’s perfect…

You’re at sign-out rounds and a key lab result was not picked up during the day. The medical student is trying to explain to you why this has happened.

Your reaction to the mistake is to raise your voice and say, “Come on! This is unacceptable, we need to do better!”
Some of my best friends are...

You want to get to know your medical students better and like to include small talk when you teach.

While listening to a case presentation, you notice the student who is presenting has an unusual name, so you ask them where they’re from.
How do we compare?
Literature

• Relatively few publications
  • “student mistreatment” → 28 publications
  • Small numbers of learners in each publication

• Overall:
  • 40-60% of learners report experiencing mistreatment at some point
  • The number increases at Med-3 and remains high through residency
  • Underreported because of fear of retribution
Assessment of the Prevalence of Medical Student Mistreatment by Sex, Race/Ethnicity, and Sexual Orientation

Katherine A, Hill, BA, BS; Elizabeth A, Samuels, MD, MPH, MHS; Cary P, Gross, MD; Mayur M, Desai, PhD, MPH; Nicole Sitkin Zellin, MD; Darin Latimore, MD; Stephen J, Huot, MD, PhD; Laura D, Cramer, PhD, ScM; Ambrose H, Wong, MD, MSEd; Dowin Boatright, MD, MBA, MHS

JAMA Intern Med. 2020;180(7):1029-1030
Mistreatment is more frequent in some groups

- Prevalence (at least one episode)
  - Female 40.9%
  - Male 25.2%
- Underrepresented groups: 31% - 38%
- LGB: 43.5%
- Gender discrimination:
  - Female 28.2%
  - Male 9.4%

Hill et al., *JAMA Intern Med.* 2020;180(7):1029-1030
Graduation Questionnaire 2016, 2017
Common categories of mistreatment

- Belittlement and humiliation
- Discouraged from asking questions
- Ignored or marginalized
- Specialty choice discrimination
- Unprofessional manner by attendings
- Gender/racial/ethnic insensitivity
- Personal services
Risk factors for perception of mistreatment

The tone of the teacher is key
Perception that comments are purposefully intended to induce embarrassment
Occurs in front of peers
Occurs during a medical or surgical procedure

Source: Markman et al. Medical Education Online 2019; 24: 1615367
University of Washington
Contributing factors

• Work environment
  • Everyone is stretched

• Burnout:
  • 57% for Canadian learners
  • 30-50% for Canadian MDs

• Competition for desired specialties
But there’s another dimension to consider
The world has changed

- Principles of Equity, Diversity and Inclusion (EDI) and anti-racism are shaping our society and work environments

- In order to ensure our environment is welcoming to diverse staff, faculty, trainees and students we need to ensure EDI is prioritized and discrimination is not present
What have I been hearing?

- Islamophobia
- Antisemitism
- Indigenous racism/discrimination
- Anti-Black racism
- Other forms of racism and discrimination

- On the background of a history of official racism and antisemitism that stretches from the 19th century until the late 1950s.
How can we do better?
Most recent Faculty steps

- Faculty Mistreatment Task Force and Framework
  - e.g., Clarified roles and responsibilities (both campus and clinical), New Office for Respectful Environments, Chairs’ Guide, Training modules

- Faculty Action Plan Against Anti-Black Racism
  - Reinforcing University plan
  - e.g., Support and Ally groups, Curriculum revision, Black candidate admissions pathway

- Multiple consultations with concerned groups

- Faculty 2022 statement: Words Matter
The Office for Respectful Environments
A local effort is needed

- The work environment is stressful but needs to be respectful

- What can you do?
  - Remember you are a role model
  - Take a minute before speaking
  - If we misspeak, take a moment to apologize
Words Matter

• How we say things is as important as what we say.
• Negative effects on the learning environment are not just overt.
• Avoid statements that lead learners to question whether their evaluation will be compromised.
• Avoid behaviours that make students feel that they are on the outside.
How can we help?

• We need to speak to each other as we would want to be spoken to.
• We must commit to an environment where all feel a sense of belonging and safety regardless of our social identity.
• We retain a duty to maintain civil discourse and respect – to refrain from personal attack. Even when we disagree or debate.
• We must consider the consequences of what we say: Words Matter
Summary

- Learner mistreatment is a prevalent, difficult to solve problem
- It is an accreditation risk at both the UGME and PGME levels
- Improvement depends on a concerted effort to improve how we relate to each other
  - Faculty administration
  - Attending staff
  - Learners
  - Hospital Staff
Thoughts/Diagnosis?