Diversity in Residency Education:
Dealing with unacceptable behaviour

Sally Davies, Leona Walsh, Lizzy Elsey, Simon Fleming
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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Introduction

- Objectives
  - Develop awareness of what constitutes bullying and harassment within the workplace
  - Recognise cultural sensitivities in a diverse workforce
  - Know the effect of inappropriate behaviour in the learning environment and workplace
  - Learn how to deal with unacceptable behaviour
  - Encourage ‘no tolerance’
Introduction

• Effects of inappropriate behaviour
  > Reduced retention
  > Increased turnover staff
  > Increased sickness absence
  > Reduced patient safety
  > Reduced wellbeing of staff
  > Increased risk of suicide
Effect of inappropriate behaviour on learning environment.
Incidence

• BMA Study November 2018
  > 22% in last 12 months bullying and harassment
  > Diverse characteristics higher
    » 34% disability
    » 27 -30% LGBT
  > 1% trainees report
    » Fear of reprisal
    » Nothing will be done
Incidence

- Medical Women’s Federation 2016
  - 63% of women doctors – sexism from colleagues
  - 5% of trainees reported
  - No point
  - Behaviour accepted
  - Fear of adverse consequence
Interventions

- GMC annual survey of trainees
- Freedom to Speak Up Guardians
- Residency Education Issues at Board level of institution
Vanderbilt Model

References
- Pichert et al, 2011.
- Pichert et al, 2013.
- Talbot et al, 2013.

Adapted from Hickson, Pichert, Webb, & Gabbe. Acad Med. 2007. © 2013 Vanderbilt Center for Patient and Professional Advocacy
Professional Support Viewpoint

- Referrals v Self-referrals
- Reality often complex
- Strategies v Resolutions
Research

• What is expected
  > Unmotivated
  > Stressed
  > Diligent
  > Antagonistic
  > Disagreeable

• What was found
  > Motivated
  > Resilient
  > Perfectionist
  > Unassertive
  > Agreeable

• Expected and found
  > Poor insight
  > Weak leadership and influencing skills

Professional Support Viewpoint

Work Environment
- Leadership
- Communication
- High demands
- Low support

Programme
- Life
- Health
- Finances
- Personality

Institution
- Poor systems for response
- Culture
- Rota gaps

Professionalisation of educational roles
Resident A

- Late for first supervision meeting
- Visibly distressed
- Breaks into tears
- Going through a very difficult time
- Accessing support for gender reassignment
- Rejected by family
- Workplace issues
  > Feels colleagues are uncomfortable

- TOI?
Lizzy Elsey

• Survey of surgical trainees in the UK
• 1649 responses (1/3rd of UK trainees)
• Bullying/ harassment/ morale
Sexism in surgery in the UK

• 42% have *witnessed* or *experienced* sexist language/attitudes (n=588)
  - 66% of female respondents; 27% of male respondents

• 36% *experienced* sexist language *once a month* or more frequently
#MeToo?

- Money loan repayment
- Power gradients
- What is the role of others in the theatre?
#MeToo?

- Onward Christian Soldiers / Nurse Specialist
- Are some protected characteristics easier to pick on?
- Does that change how we react?
- Career prospects?
Reporting

• **75%** have not reported *witnessing* B/U/H

• **69%** have not reported *experiencing* B/U/H

• **15%** experienced issues as a result of *reporting* B/U/H

• **30%** would not *recommend* reporting B/U/H based on their experiences
We Can Change Culture...

#HammerItOut
BULLYING, HARASSMENT AND UNDERMINING

#CutItOut
BULLYING, HARASSMENT AND UNDERMINING

#KnockItOut
BULLYING, HARASSMENT AND UNDERMINING

#CALLitOUT
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