



**MOVING THE NEEDLE: CHANGING THE CULTURE AROUND PROFESSIONALISM FOR FACULTY AS EVALUATED BY MEDICAL STUDENTS**

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## SESSION OBJECTIVES

- DEFINE MISTREATMENT AND FACULTY PROFESSIONALISM - A WICKED PROBLEM ACROSS THREE INSTITUTIONS!
- REVIEW INTERVENTIONS IMPLEMENTED AT UC DAVIS, UC SAN DIEGO, AND UC RIVERSIDE
- DISCUSS AND SHARE APPROACHES TO FACULTY PROFESSIONALISM AT YOUR INSTITUTION
- CREATE ACTIONABLE ITEMS THAT YOU CAN TAKE BACK TO YOUR INSTITUTIONS TO IMPROVE FACULTY PROFESSIONALISM

# MISTREATMENT IN MEDICAL EDUCATION

- DEFINED IN THE MEDICAL LITERATURE IN 1984
- FIRST ASKED ON THE GRADUATION QUESTIONNAIRE (GQ) IN 1991
- DEFINITION USED BY AAMC:

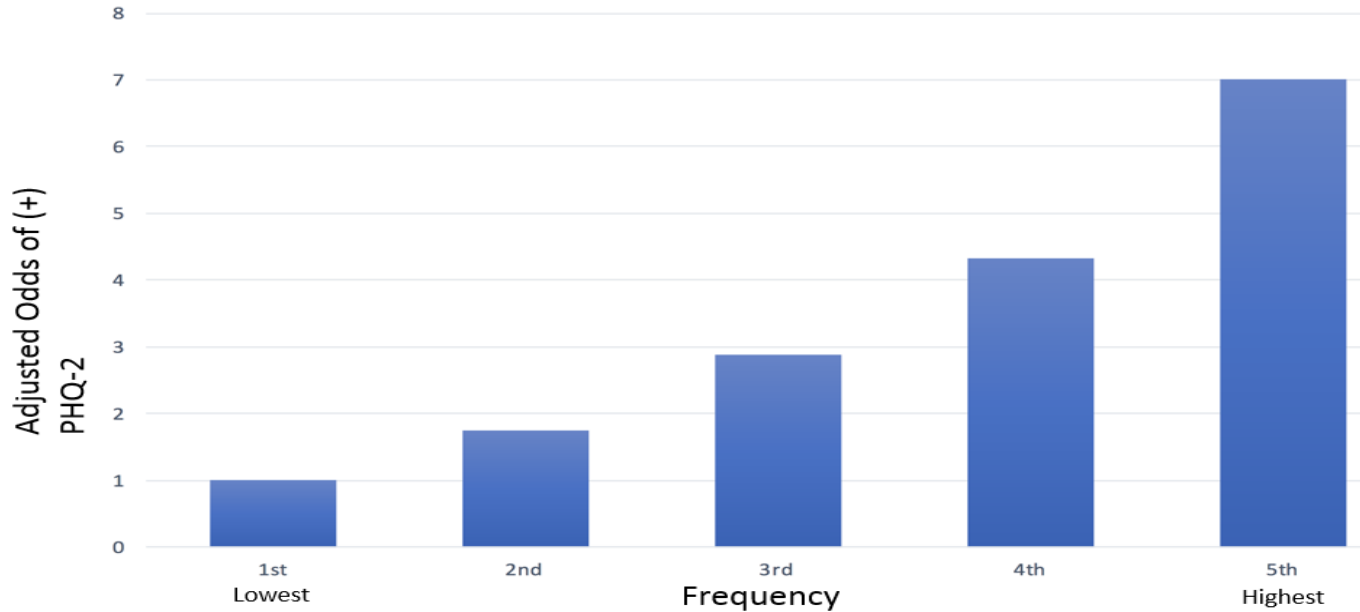
*MISTREATMENT EITHER INTENTIONAL OR UNINTENTIONAL OCCURS WHEN BEHAVIOR SHOWS DISRESPECT FOR THE DIGNITY OF OTHERS AND UNREASONABLY INTERFERES WITH THE LEARNING PROCESS.*

# WHY DOES MISTREATMENT MATTER?

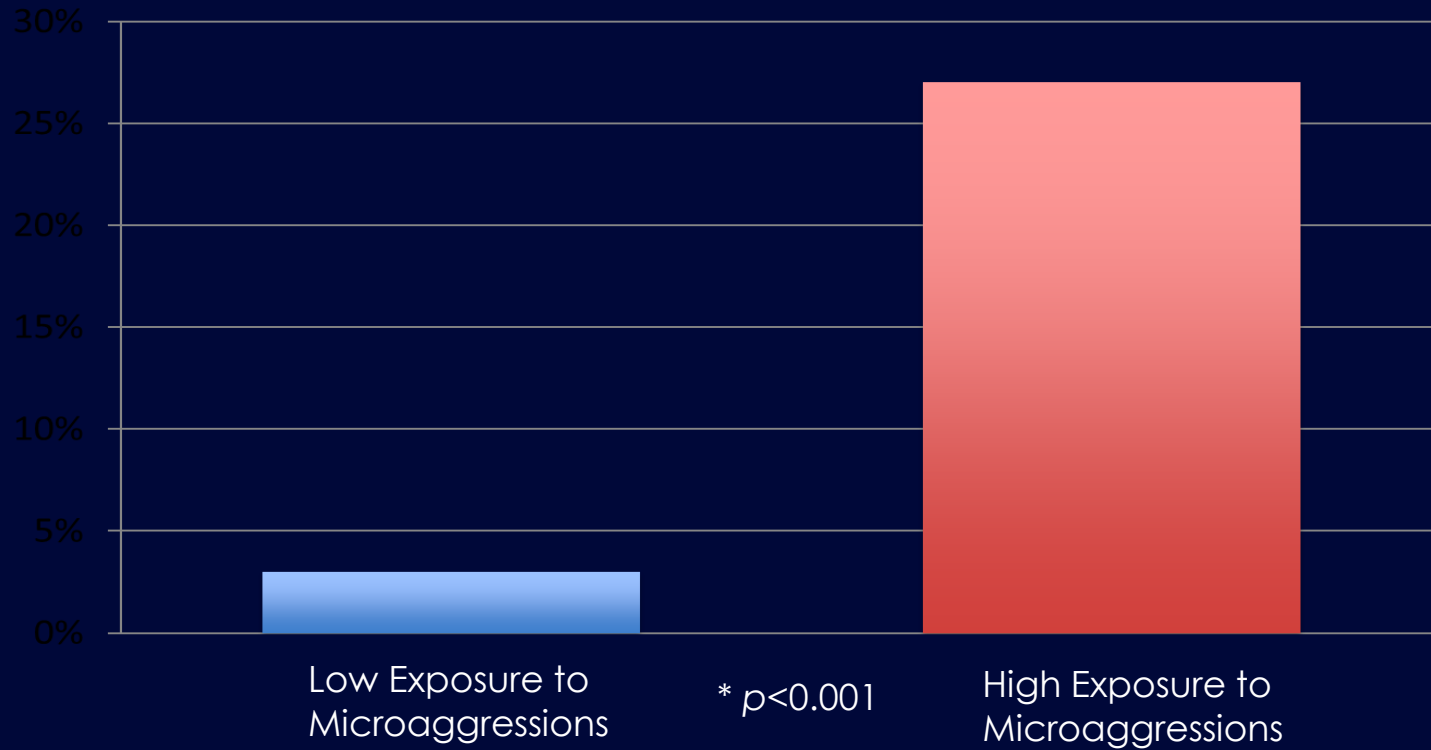
- MEDICAL STUDENTS WHO EXPERIENCE MISTREATMENT REPORT **HIGHER RATES OF BURNOUT, DEPRESSION, ANXIETY, AND SUBSTANCE USE DISORDERS**
- DISRESPECTFUL AND DEMEANING COMMENTS DIRECTED AT STUDENTS CONTRIBUTE TO **CYNICISM AND EROSION OF HUMANISTIC VALUES**
- DEHUMANIZING COMMENTS AND BEHAVIORS AFFECT THE “HIDDEN CURRICULUM” AND LEADS TO “UNINTENDED LEARNING,” WHICH **INTERFERES WITH COMMUNICATION** AND **ERODES TRUST** AMONG HEALTHCARE MEMBERS
- ULTIMATELY, MISTREATMENT **THREATENS QUALITY OF CARE AND PATIENT SAFETY**

# IMPACT OF MICROAGGRESSIONS

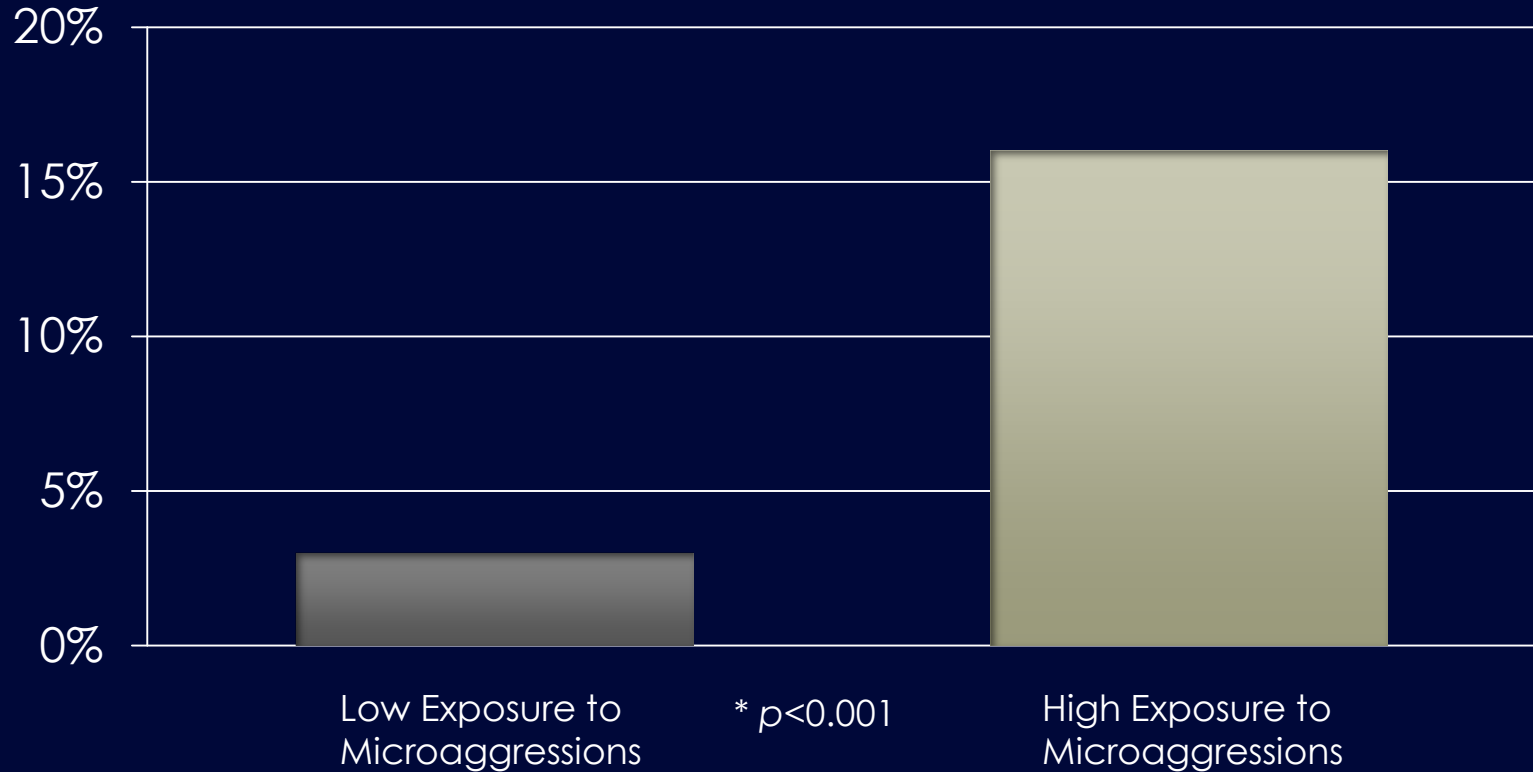
## Relation Between Microaggressions and Depressions Symptoms (PHQ-2)



# I HAVE CHOSEN TO MISS CLASSES DURING MEDICAL SCHOOL



# I HAVE CONSIDERED WITHDRAWING FROM MEDICAL SCHOOL







**MISTREATMENT**

**BURNOUT**

**HIERARCHY**

**DEPRESSION**

**LACK OF CONTROL**

**PATIENT CARE RESPONSIBILITIES**

**SLEEP DEPRIVATION**

**WORK DEMANDS**

# FACTORS THAT AFFECT PERCEPTIONS OF FACULTY PROFESSIONALISM AND CONTRIBUTE TO MISTREATMENT

- "MISTREATMENT" DEFINITION: MISTREATMENT VS RESILIENCE BUILDING
- ENTRENCHED HIERARCHIES AND POWER DIFFERENTIALS
- LACK OF CONTINUITY IN CLINICAL TEAMS WITH SHORTER ROTATIONS
- CLINICAL PRODUCTIVITY MEASURES AND HIGH STRESS CLINICAL SITUATIONS
- LACK OF CONFIDENTIAL AND NON-PUNITIVE FEEDBACK TO FACULTY MEMBERS AFTER MINOR AND FIRST-TIME PROFESSIONALISM LAPSES
- BELITTLING COMMENTS DURING ROUNDS REINFORCE LEARNING
- GENERATIONAL MISUNDERSTANDINGS

# THE WICKED PROBLEM!

- WHAT IS THE BEST WAY TO MEASURE MISTREATMENT AND FACULTY PROFESSIONALISM?
- IS THE AAMC GQ A GOOD MEASURE?
- HOW DO WE HOLD FACULTY ACCOUNTABLE?
- WHAT ABOUT FACULTY AT AFFILIATE SITES, WHERE WE HAVE LESS AUTHORITY?
- HOW DO WE ENCOURAGE STUDENTS AND RESIDENTS TO REPORT MISTREATMENT?
- HOW DO WE CONVINCe STUDENTS THAT WE ARE SERIOUS ABOUT ADDRESSING MISTREATMENT?

# UC DAVIS



# UC DAVIS MEDICAL CENTER



- 134 matriculating students
- 627 bed tertiary urban med center
- VA Mather
- Kaiser Sacramento
- Many Community affiliates


# INTERVENTIONS FOR REPORTING MECHANISMS

- LEARNING CLIMATE COMMITTEE CHANGES
- QUARTERLY REPORTS TO SOM COMMUNITY
- EASE ACCESS TO MISTREATMENT REPORTS AND REVAMPED LEARNING CLIMATE SURVEYS
- SURVEY EXPANSIONS TO INCLUDE GME

# INTERVENTIONS FOR REPORTING MECHANISMS

**SCAN TO  
REPORT  
STUDENT,  
RESIDENT AND  
FELLOW  
MISTREATMENT**



 **SCAN ME**

**UC DAVIS** HEALTH | **SCHOOL OF** MEDICINE

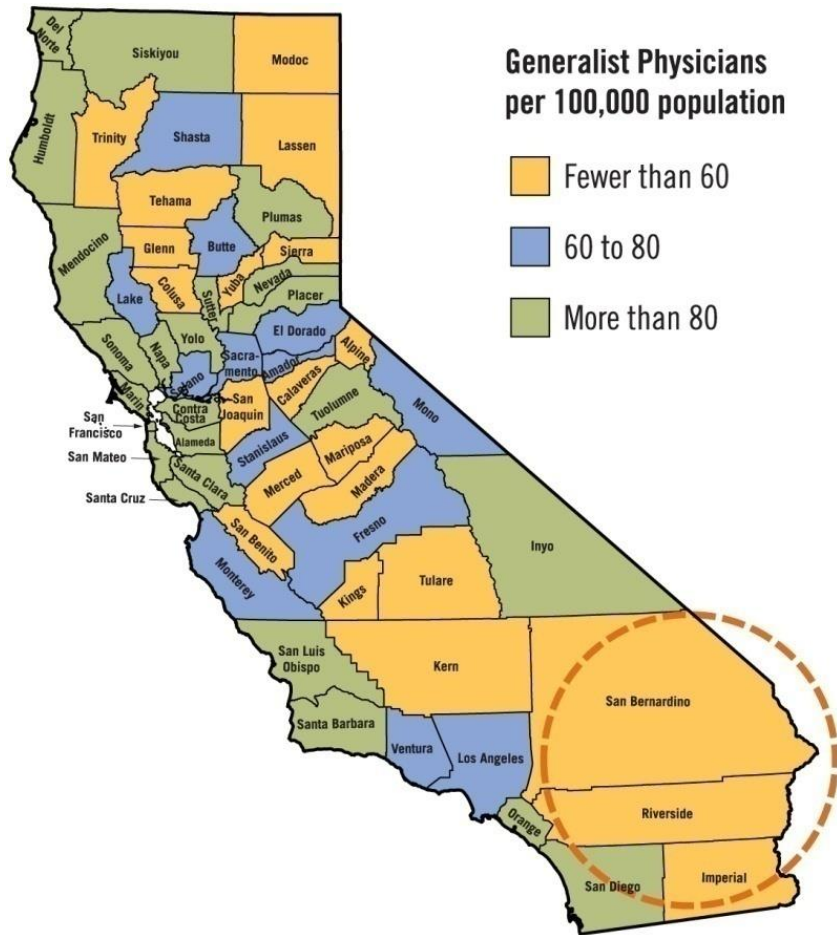
# INTERVENTIONS FOR OUR FACULTY

- GRAND ROUNDS
- SEED TRAINING (SUPPORTING EDUCATIONAL EXCELLENCE IN DIVERSITY)
- SENSITIVITY TRAINING AROUND MICROAGGRESSIONS
- QUARTERLY REPORTS
- FACULTY WELLNESS CHAMPION, FACULTY WELLNESS INITIATIVES
- “CUP OF COFFEE” APPROACH TO FEEDBACK FOR FACULTY



<b>GQ AAMC Scores for select questions from faculty professionalism and the learning environment – UC Davis</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Hidden curriculum: disconnect between what I am taught and what I see	36.9	44.4	38.5
Using professional language	82	84.3	81
Respectful towards house-staff and other physicians	80.2	87.6	85.7
Provide direction and constructive feedback	59.4	61.8	63.8
Respect interactions with students	67.4	69.7	74.3
Respectful of patients' dignity and autonomy	76.2	85.4	84.6
Resolving conflict in ways that respect dignity of all involved	70.7	80.9	81.7
Percent who didn't experience any behaviors except public humiliation	41.4	50.6	56.3
Public humiliation in the learning env	68.7	73.6	76.5







# UCR SOM

A COMMUNITY BASED MEDICAL SCHOOL

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**1244**

Volunteer Clinical Faculty

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**29**

Affiliates

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**318**

Faculty

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**3**

GME PROGRAMS

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# INTERVENTIONS FOR REPORTING MISTREATMENT

- REVIEW OF MISTREATMENT POLICY & REPORTING PROCEDURES WITH ALL 4 COHORTS AT BEGINNING OF THEIR ACADEMIC YEAR
- YEAR 3, CLERKSHIP ORIENTATION, ACTIVE CASE-BASED SESSIONS ON MISTREATMENT
- MISTREATMENT QUESTIONS ON BOTH CLERKSHIP AND PRE-CLERKSHIP COURSE EVALS

# OUTCOME OF REPORTING

	2020	2021	2022
How dissatisfied are you with the outcomes of having reported mistreatment	62.5	33	0

<b>GQ AAMC Scores for select questions from faculty professionalism and the learning environment – UC Riverside</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Hidden curriculum: disconnect between what I am taught and what I see	23.8	50	35.2
Using professional language	79.4	82.7	88.7
Respectful towards house-staff and other physicians	73	90.4	88.9
Provide direction and constructive feedback	55.6	63.5	64.8
Respect interactions with students	58.8	73.1	67.9
Respectful of patients' dignity and autonomy	74.6	80.4	83.1
Resolving conflict in ways that respect dignity of all involved	63.5	75	75.4
Percent who didn't experience any behaviors except public humiliation	47.6	53.8	69.8
Public humiliation in the learning env	71.4	80.4	81.1

# INTERVENTIONS WITH FACULTY & RESIDENTS

- RECITE PROGRAM
- PRESENTATIONS TO FACULTY DURING COMMITTEE MEETINGS ON MISTREATMENT, GRIEVANCE PROCESS
- DEAN'S NEWSLETTER UPDATES
- LEARNING ENVIRONMENT COUNCIL



# UC SAN DIEGO



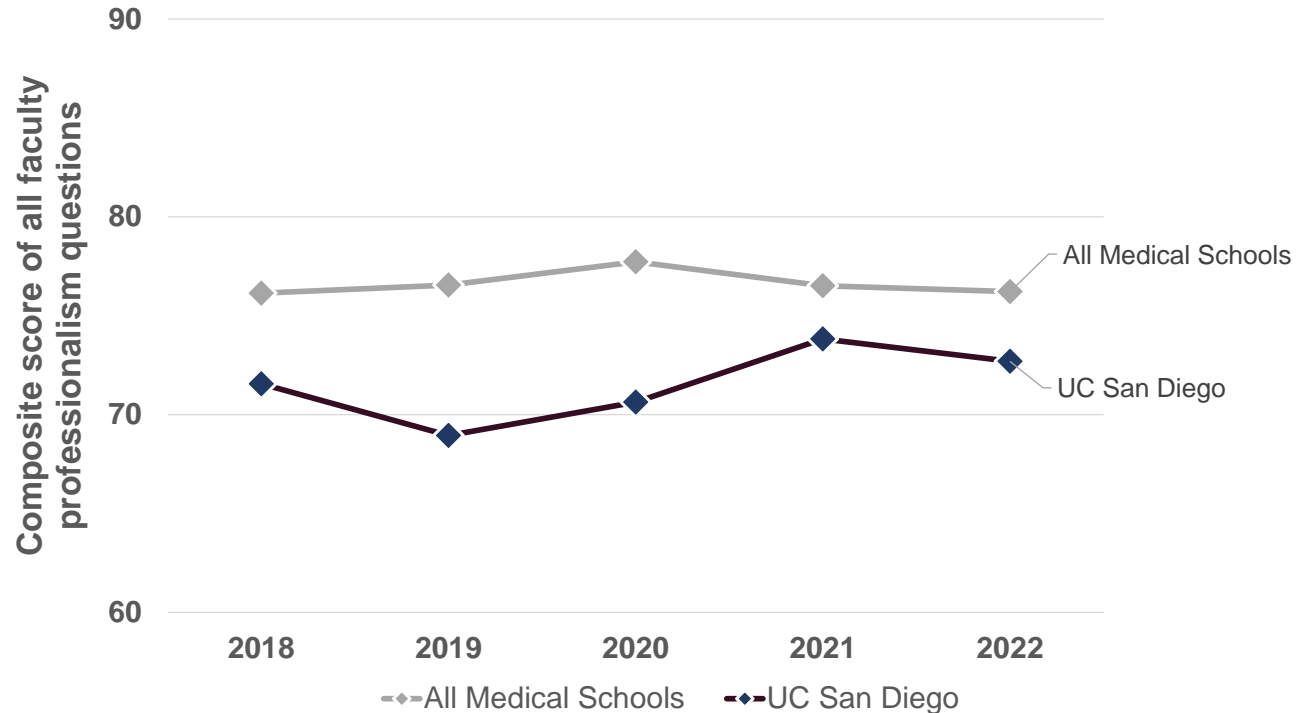
# UC San Diego



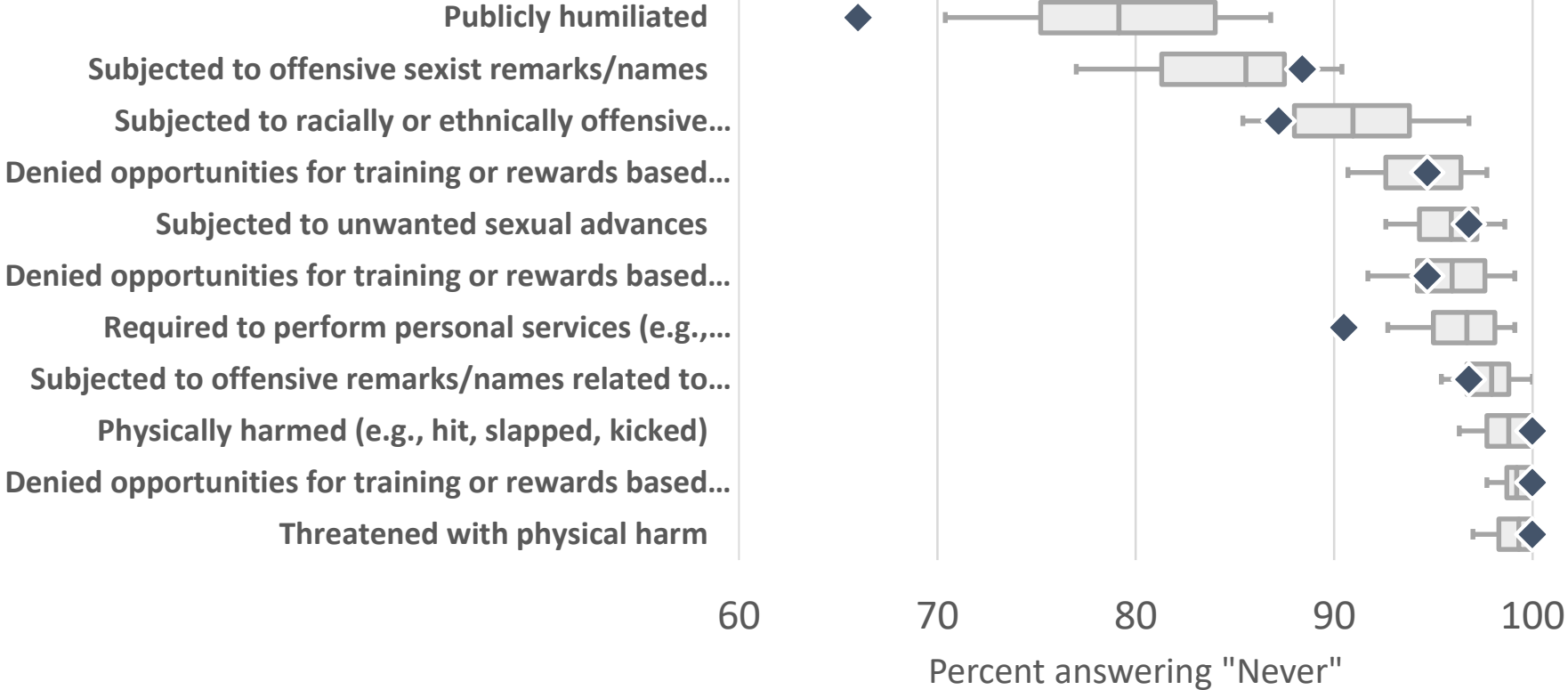
- 140 Students / Year
- > 920 Residents / Fellows
- > 1800 Faculty, 19 clinical departments
- UC San Diego Health (Jacobs Medical Center, Hillcrest Medical Center); Rady Children's Hospital; VA Medical Center

# Student perception of faculty professionalism at UC San Diego

Over the past 5 years, our graduating students have reported issues related to faculty professionalism on the GQ



# Experiences with Negative Behaviors



<b>GQ AAMC Scores for select questions from faculty professionalism and the learning environment – UC San Diego</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Hidden curriculum: disconnect between what I am taught and what I see	25.6	34.8	31
Using professional language	77.7	84.8	80
Respectful towards house-staff and other physicians	75.2	78.2	75
Provide direction and constructive feedback	47.1	64.1	62
Respect interactions with students	63.5	72.8	67
Respectful of patients' dignity and autonomy	71.7	79.3	78
Resolving conflict in ways that respect dignity of all involved	74.1	69.6	73
Percent who didn't experience any behaviors except public humiliation	51.2	59.6	52.6
Public humiliation in the learning env	67.1	85	66



GQ is just part of the picture...

- Mistreatment reporting system
- Clerkship evaluation professionalism questions

# Mistreatment

Landing page →



## Mistreatment

The UC San Diego School of Medicine takes mistreatment of students very seriously, and administration wants to know about it. There is a policy - "Policy on Appropriate Treatment of Medical Students - Standards of Professional Behavior" - outlined in the [Advisor and Student Handbook](#) ↓ .

## Reporting and Evaluation

Everything possible is done to assure that a report of mistreatment does not adversely affect your grade or evaluation (and the faculty do not see your report until after your grade has been posted, and the narrative assessment of your performance has been completed).

## Sexual Harassment or Violence

All complaints related to sexual harassment or sexual violence must be reported by university responsible employees to Office for the Prevention of Harassment and Discrimination (OPHD). OPHD also has a "[report bias site](#)" in which you may complete a report anonymously (or may identify yourself). If you want to discuss a complaint related to sexual harassment or sexual violence *without having it reported to OPHD*, you should go to [CARE at SARC](#), [CAPS](#), [Student Health Services](#), or the [OMBUDS office](#).

You can anonymously report mistreatment [here](#) ↗ (entry into this site is completely anonymous).

## Dear Medical Students:

Here are summaries of the reports of mistreatment from the past quarter. As always, we welcome your comments, feedback and questions regarding the School of Medicine's response to students' reports.

Sincerely,

Kama Guluma, MD  
Associate Dean for Admissions and Student Affairs

Maria Rosario (Happy) Araneta, PhD, MPH  
Associate Dean of Diversity and Community Partnerships

Sean J. Evans, MD  
Associate Dean for Undergraduate Medical Education





## Winter 2023 Mistreatment Reports, Investigations, and Responses

### EVENT 1

- 1) **Reporting Pathway:** A student on a clerkship reported via their MedHub evaluation that they were mistreated by a faculty member.
- 2) **Summary of Report:** The student reported that while in a clinical setting they had multiple negative interactions with a faculty member. The student reported that the faculty member repeatedly asked intrusive and inappropriately personal questions and mocked the student's responses. The student further reported that residents who observed this behavior were remarkably supportive of them, but that the residents' behavior suggested they were familiar with this attending behaving in this fashion with other trainees.
- 3) **Summary of Investigation:** AD-UGME Evans contacted the student immediately after receiving the MedHub report and offered support. The student agreed to be identified to both the course director(s) and the division chief of the faculty member in question. AD-UGME Evans contacted the course director(s), including AD-ASA Guluma and AD-DCP Araneta in the communication. The course director(s) responded within 12 hours and affirmed support of the student. The course director(s) met with the faculty member's division chief within 2 days and collectively determined that the student's reports met the standards for referral to the campus Office for Prevention of Harassment and Discrimination.
- 4) **Outcome:** The course director(s) met with the student, who agreed that they'd like to participate in the OPHD process in an identifiable fashion. The course director(s) helped the student in collectively submitting a report to OPHD, who assumed responsibility for further investigation and action. The student expressed satisfaction with the School of Medicine's support.



**ROBUST and CENTRALIZED data repository & standardized means to address concerns**





## Professionalism in the Learning Environment Committee

- Vice Dean
  - AD UME
  - AD Student Affairs
  - AD E & A
  - Chair, Faculty Prof Committee
  - Hospital ACMO
  - Legal / Dir Employee Relations
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- ✓ Review data
  - ✓ Determine intervention
  - ✓ Cup of coffee (for most)
  - ✓ Communicate with chair

## Problem Family

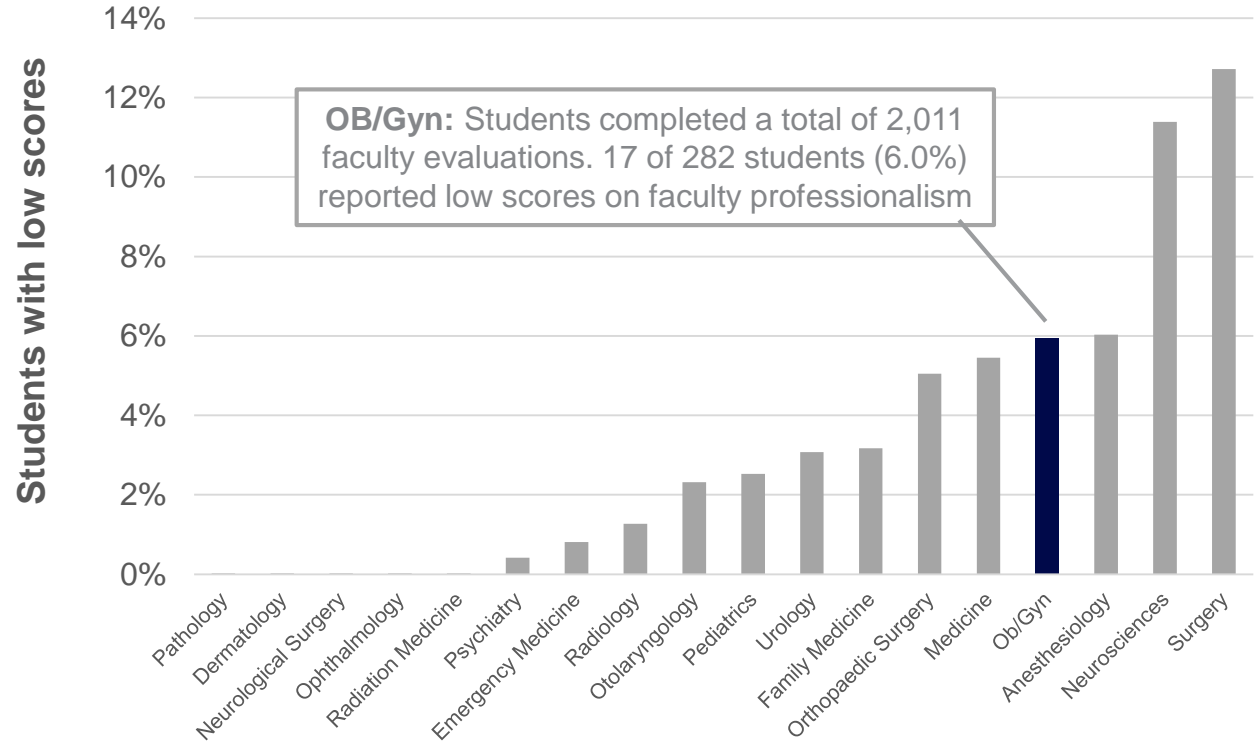


## Problem Children



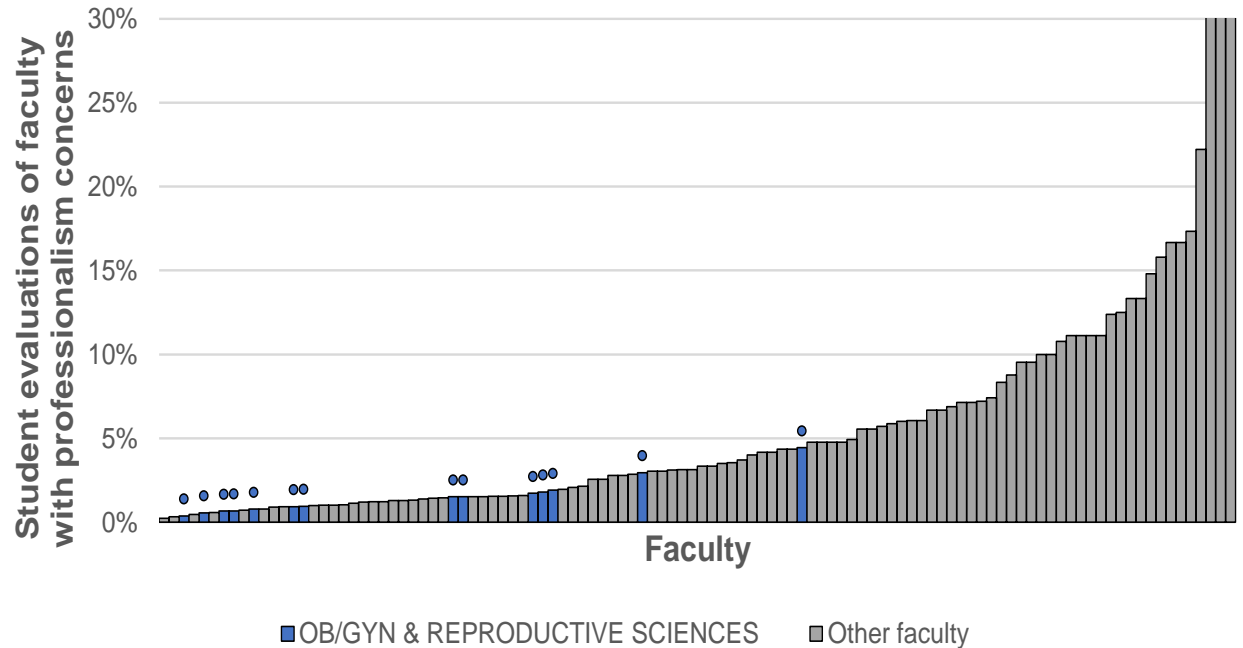
# Findings within the Department of Obstetrics, Gynecology, & Reproductive Sciences

After each 3<sup>rd</sup> and 4<sup>th</sup> year clinical clerkship, UC San Diego medical students complete evaluations of individual faculty. Two questions on this evaluation relate directly to faculty professionalism and the learning environment. We aggregated these evaluations over the past two years by faculty and department. This plot shows how your department (blue bar) compares to other departments (grey bars).\*



# Findings within the Department of Obstetrics, Gynecology, & Reproductive Sciences

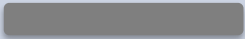
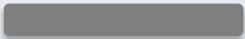

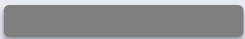

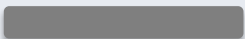

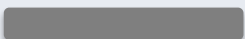
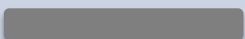
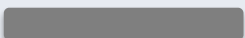



Overall, 108 faculty received student evaluations with at least one response indicating professionalism or learning environment concerns. These concerning evaluations were most often intermixed with positive evaluations. This plot shows the percentage of negative evaluations for individual faculty in your department (blue bars) and other departments (grey bars).





# Findings within the Department of Obstetrics, Gynecology, & Reproductive Sciences

This table shows individual faculty in your department with student evaluations concerning for professionalism or learning environment issues.

Faculty	Number of evaluations	Evaluations w/ concerns for professionalism or learning environment
A 	107	0.9%
B 	100	1.0%
C 	90	1.1%
D 	89	1.1%
E 	85	1.2%
F 	81	1.2%
G 	190	1.6%
H 	63	1.6%
I 	59	1.7%
J 	44	2.3%
K 	39	2.6%
L 	53	3.8%
M 	177	5.1%

# Findings within the Department of Obstetrics, Gynecology, & Reproductive Sciences

The following slide(s) include comments from student evaluations from faculty within your department with evaluations concerning for professionalism or learning environment issues.

Faculty	Student Comments
A [REDACTED]	I felt that [REDACTED] did not always create the most supportive, safe environment, but this may have been in part because I felt [REDACTED] expectations were very high for where my knowledge base should be. I felt that at times [REDACTED] was frustrated when I answered questions incorrectly, which was discouraging.
B [REDACTED]	[REDACTED] was great to work with. I learned a lot during [REDACTED] clinic and appreciated how hands on [REDACTED] let me get. The only feedback I have is that we saw a patient together who was clearly upset/crying because of a poor medical diagnosis. [REDACTED] was rushed and did not take time to express empathy or condolences/support for the patient. It would have been so nice if [REDACTED] had paused in that moment to empathize with the patient.
C [REDACTED]	[REDACTED] is a good surgeon and takes care of patients well, but [REDACTED] is quite rude to the resident and fellow. I witnessed [REDACTED] talk to them in a demeaning manner on multiple occasions. [REDACTED] didn't take time to learn my name or the interns names. [REDACTED] didn't have the best bedside manner either. Ultimately, while [REDACTED] is talented at [REDACTED] job I don't feel [REDACTED] was pleasant to work with .
D [REDACTED]	Was very dismissive of times and seemed to have favoritism for certain students. Would recommend to engage all students equally.
E [REDACTED]	Has a condescending attitude. For example, pulled my badge almost off of my shirt and made me have to take a few steps forward in doing so. As [REDACTED] did this [REDACTED] said, "let me make sure you're actually a student." Adds on to the level of distress already experienced as a medical student on a rotation as busy as OB/GYN, where we have to stress about tests, subjective evaluations, and serious personal matters. Absolutely would not recommend [REDACTED] for anyone interested in a preceptor.





## Chair, Health System Leader, & Medical Educator Retreat

- Outline problem & obtain commitment to improve
- Share department specific data
- Share stories of effective interventions
- Problem solve collectively
- Ensure accountability of leadership to the Dean & in 5 yr reviews

# Discussion



- WHAT ARE SOME PROBLEMS UNIQUE TO YOUR INSTITUTION?
- WHAT INTERVENTIONS DID YOU TRY? WHERE WERE THEY SUCCESSFUL? WHY OR WHY NOT?
- WHAT OUTCOMES DO YOU FOLLOW TO ASSESS THE INTERVENTIONS?
- WHO HANDLES MISTREATMENT?
- WHAT'S THE MISTREATMENT THRESHOLD FOR MEETING WITH FACULTY?
- HOW DO YOU BREAK DOWN SILOS? CONSOLIDATING REPORTS / CREATING A DOCUMENTATION TRAIL...

A close-up shot of a hand holding a pen, positioned as if about to write on a whiteboard. The hand is in sharp focus, while the background is blurred, showing several people in a meeting room. The text 'Report Out' is overlaid in the center of the image.

Report Out