

Inappropriate Behaviour During Residency

March 2014

The findings presented here are based on two on-line surveys conducted by Nanos Research for Resident Doctors of Canada (RDoC).^{*} The first survey was in the field from April 29 to May 31, 2012. A total of 2,305 RDoC members participated in the survey, resulting in a participation rate of 29.1%.

The second survey was in the field from between March 19th and May 1st, 2013. A total of 1,975 RDoC members participated in the survey, resulting in a participation rate of 22.8%.

RDoC chose to use the term “inappropriate behaviour” rather than “intimidation and harassment” in order to capture a wider range of data.

2012 National Resident Survey

Personal Experience of Inappropriate Behaviour

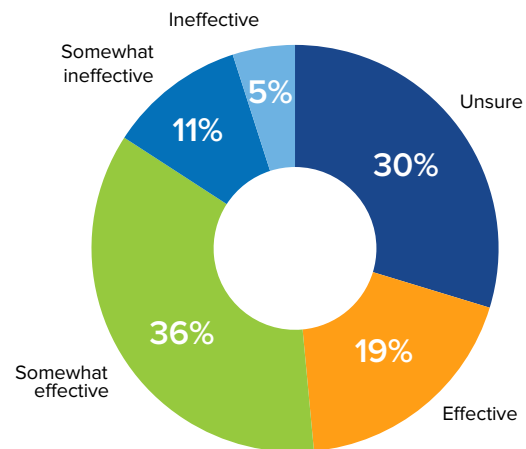
- Approximately 73% of respondents said they had experienced inappropriate behaviour from others that made them feel diminished during their residency.
- Approximately 51% said they had experienced this behaviour from either staff physicians or nursing staff. Patients, other residents, and patient’s family/friends were other identified sources of inappropriate behaviour.
- The most commonly cited type of behaviour was yelling/shaming/condescension by colleagues (26.6%).
- Other types of behaviour noted included: conflict or disrespect between specialties; staff gossip; pressure to work long hours or do extra work; intimidation/bullying by colleagues; receiving negative or unconstructive feedback, senior staff who were unwilling to support/teach residents; and racist/sexist/homophobic remarks.

^{*} RDoC members include Canadian resident physicians who train outside of Québec. Resident physicians in Québec are under the jurisdiction of the Quebec medical resident organization, la Fédération des médecins résidents du Québec (FMRQ).

Resources available to address inappropriate behaviour

- An important number of respondents (34.1%) said they had no such resources available to them.
- Nearly 38% cited their program director as a resource to help deal with inappropriate behaviour.
- Other resources mentioned by respondents included other residents or colleagues, chief residents, their Provincial Housestaff Organization (PHO) or RDoC, and university department faculties. Approximately 16% were unsure.

Respondents were divided when it came to describing the efficacy of the resources available to them:



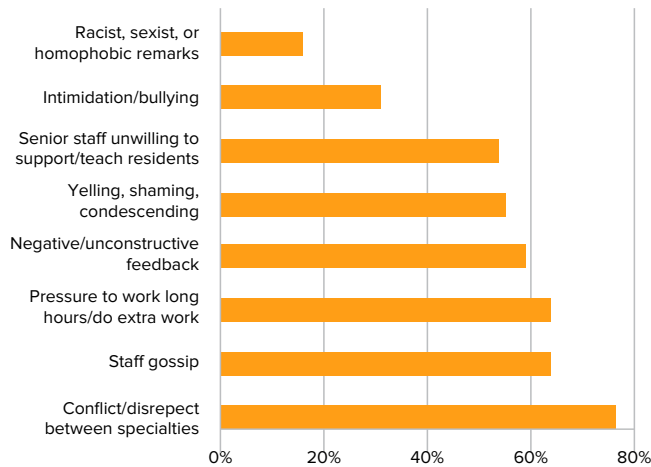
This suggests that many respondents have not attempted to use the resources available to them for dealing with inappropriate behaviour in a residency context.

2013 National Resident Survey

Types of Behaviour Witnessed or Personally Experienced During Residency

The types of inappropriate behaviour respondents could select were those identified in the 2012 survey.

High numbers of respondents reported witnessing or personally experiencing the following types:



Smaller numbers of respondents identified inappropriate treatment of patients (6%), sexual harassment (approximately 5%), and other (1%).

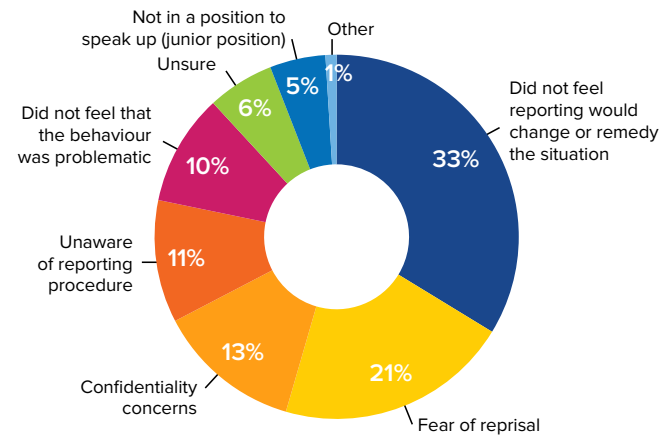
Steps taken to address Inappropriate Behaviour

- Approximately 68% of respondents had taken steps to address inappropriate behaviour:
- Approximately 25% had provided support to the individual affected.
- Approximately 16% had spoken to the offender about their behaviour.
- Approximately 15% of respondents had reported the incident to the program director

Mentioning the behaviour in an evaluation and reporting the incident to the PGME office were cited by smaller groups of respondents (Approximately 7% and 3% of responses, respectively).

Approximately 32% of respondents indicated that they had not taken any steps to address the inappropriate behaviour they had witnessed or personally experienced.

These respondents were asked to identify why they had not taken any action:



Key insights

Inappropriate behaviour is quite prevalent in the field of medicine. It manifests in a number of ways that effect the work/training environment, ranging from inter-specialty conflict to overt harassment.

Beyond their program director, many residents remain unsure as to who or where they can turn to as a resource for dealing with inappropriate workplace behaviour. There may be a need for more visible, confidential and dedicated resources to help residents in this area.

There may be a need for better education for all players in the medical environment as to what constitutes inappropriate behaviour and why it needs to be addressed in a timely fashion.

There may also be a need for schools with faculties of medicine to ensure that their procedures for addressing inappropriate behaviour are not only clear but easily accessible for those in need.