ABSTRACT BODY:

Short Description: Three techniques created at Stanford University School of Medicine for our mistreatment initiative to lessen disrespectful behavior toward our students/residents will be presented: trigger video discussions to illustrate learner mistreatment, raise awareness and empower students/residents to address the problem, communication techniques and coach training for educators who have mistreated others. Attendees will be given access to trigger videos and facilitation guides, coaching and communication tip sheets and communication best practice videos to be used at their home institutions.

Abstract: The discussion of student mistreatment in the culture of medicine is a new phenomenon, although the issue has been present for decades. A challenging educational environment becomes mistreatment when a student is negatively affected by it. At its most base, mistreatment is unprofessional behavior and abuse. More commonly, especially in procedure-based specialties, it consists of verbal and/or situational instances in which students feel harassed and/or neglected. It is a very complex dynamic that involves a mixed intent by the teacher in combination with some context misunderstanding by the student. It is known that student mistreatment can 'have deleterious effects on medical students' emotional well-being and attitudes, potentially eroding the values and competencies, such as professionalism, that the medical school curriculum intends to convey' [1].

The remedy is perplexing to medical educators. Mistreatment is particularly problematic during clinical rotations [2]. Students perceive more mistreatment in certain specialties (e.g., surgery, obstetrics and gynecology) suggesting that there is something about the culture of these disciplines that may lead to higher rates of mistreatment or is uncomfortable for trainees [3]. Yet, it is unclear what leads to these higher rates. Programs throughout the nation receive institutional mistreatment data from the AAMC Graduation Questionnaire and the ACGME and struggle to assemble an approach to ameliorate this problem.

At the Stanford University School of Medicine, we have used several techniques in our mistreatment initiative to lessen disrespectful behavior toward our students and residents. In this session, we will present three programs: trigger video discussions with trainees, communication techniques and coaching for educators. After three short presentations, we will break up into small groups to allow participants to view a trigger video of a possible mistreatment event and then discuss the communication lapses and possible techniques to improve. Group members will then use the coaching techniques in a role-play that can facilitate behavioral changes and mitigate mistreatment.

Conceptual Viewpoints

A possible theory that relates to the problem of mistreatment is the criminology-based Broken Window Theory, which asserts that when lesser criminal acts such as broken windows are tolerated, more vandalism and other types of crime will eventually occur in the community. Hesketh et al. argue, "when emotional abuse, such as humiliation and harassment, is tolerated in the workplace, it will eventually lead to more aggressive and violent behavior" [4]. This session will address techniques to minimize mistreatment before more severe behaviors develop.

According to the literature, educational interventions to improve the learning environment and reduce mistreatment have included lectures and case vignettes, role-playing, and professionalism and communication skills training. One of the most comprehensive initiatives to date involves the development of policies designed to prevent mistreatment, safe reporting procedures, and educational materials that can raise awareness and facilitate discussion. However, this effort did not reduce the frequency of reported student mistreatment [1]. Perhaps the more interactive techniques presented in this session will find better success.
Small group sessions will focus on solutions. Questions that we will use for our discussions will come from objectives listed below.

**Intended Objectives**

**Overall:**
Illustrate the scope of the problem of mistreatment in medical education
Become aware of the definitions and frames of mistreatment
Discuss the intricacies of the hidden curriculum and modeling

**Trigger Video Trainee Discussions:**
Describe administrative vs. educational interventions
Facilitate acculturation for medical students

**Communication Strategies in Clinical Teaching:**
Discuss and elucidate best teaching practices
Discern the complexities of communication in clinical education
Discuss techniques to improve communication

**Coaching Techniques to Mitigate Mistreatment:**
Demonstrate best practice coaching and mentoring techniques
Elucidate the complexities of coaching the hostile educator
Demonstrate the nuanced coaching of behavioral change

**Session Plan**

In this session, we will present programs used at the Stanford University School of Medicine: trigger video discussions with trainees, communication techniques and coach training for educators. Attendees will be able to learn how to incorporate trigger videos created at Stanford to illustrate student mistreatment and raise awareness of and empower trainees to address the problem. After three short presentations, we will break up into small groups to allow participants to work through a mistreatment event from a trigger video to facilitate problem solving. Emphasis will be on discussions with trainees, identifying lapses in communication and techniques to address these issues, and the coaching of those who have mistreated others. The groups will then convene and present insights gained through these presentations and discussions.

All attendees will be given access to the trigger videos and facilitation guides to download that can be used at their home institutions. We will introduce educators to key points on enabling faculty to be coaches for individuals who are not exhibiting respectful behavior. A coaching guide will be made available to all attendees. Finally, educators will have the opportunity to learn how to quickly identify lapses in communication and those techniques, such as identification of emotions, empathy, and listening that can mitigate the problem. Tip sheets and access to best practice videos will be available for attendees.

- **Introduction** 5 minutes
- **Communication Techniques in Clinical Teaching** 15 minutes
- **Coaching Techniques** 15 minutes
- **Trigger Video Discussions with the Trainees** 15 minutes
- **Instructions and break up into small groups** 5 minutes
- **Small group activities and discussions** 30 minutes
- **Small group preparation for report out** 5 minutes
- **Whole audience report out** 25 minutes
Outcome

Table discussions will appoint one designee to document discussion points on a provided guidance sheet/grid. The groups will be given time to complete the forms summarizing their small group discussions and issues identified.

Small group report-outs to the whole audience (guided by the discussion grids for break-out groups) will be recorded. The discussion grids will be collected and these, along with the recorded report-outs, will be analyzed qualitatively, and a manuscript will be created for peer review publication.

Participants will be given access to the trigger videos and facilitation guides that can be used at their home institutions, a coaching guide, communication techniques tip sheets and access to video examplars.

Level of Audience: Expert

Focus of Presentation: UME, GME, CME

2. Richardson DA; Becker M; Frank RR; Sokol RJ. Assessing medical students' perceptions of mistreatment in their second and third years. Acad Med. 1997;72(8):728-30.

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