

KEY POINTS & TAKE AWAYS

August 2020



diverse panel on
**professionalism
& mistreatment**



How can you as a student navigate a situation where someone has been offensive, without setting the precedent that that preceptor/person can continue with that kind of behaviour?

- As medical students, we may struggle with navigating the power dynamics in Medicine. **It is important to acknowledge that a power differential exists in these types of situations.** It can be super difficult for medical students to speak up in the moment, due to fear of retribution or repercussions.
- **Trust your instincts.** If you feel like you're being mistreated, you're probably right. Having someone to discuss the situation with is helpful, but you don't need external validation that something wasn't appropriate.
- **Have people in your corner** (friends, family, peers, junior resident/senior resident, nurses, other preceptors/mentors etc.). This is also helpful for having sounding boards for different perspectives.
- Take some time to **get to know the resources you have** to report/talk about those situations.
- **Documentation is SO important** (take notes, email yourself) ⇒ this can help you process situation but also will be helpful if you decide to pursue reporting.

What to do in each situation is different for each individual, so it is also important to figure out what is best for you!

- **Pause for a moment and reflect** on the context and the outcomes.
- If you are someone whose wellness/ability to sleep at night will be negatively impacted if you don't speak up for yourself in the moment, **speak up if you feel comfortable doing so:**
 - It is helpful to **have witnesses around when you speak up in the moment.**
 - **Try not to lose your temper** but name the aggression at the time if you feel comfortable with it.
 - **Use "I" statements** if you do choose to speak up in the moment: "I didn't like how that comment made me feel because..."
- **Other things you can say** that address the elephant in the room while giving you time and space to process what has been said:
 - "What makes you say that?" "What do you mean by that?"
 - "It seems to me that you are upset, is there something you wanted to tell me?"

- **If you choose to not speak up in the moment that is ok! Don't be hard on yourself.** Sometimes things will have to wait, and that is ok. Be ok with making adjustments based on the context and your situation.
- **Wellness is unique to each individual, ensure you are kind to yourself!**
- Speak about the incident with somebody who is safe and a place where you can keep some anonymity – ideally close to the time this happened.
- **Ask yourself:**
 - "What do I want the outcome to be in this situation?" This may help navigate who to go to and how to pose the scenario to the preceptor.
 - "What is the long term and short-term game plan regarding this experience or situation?"
- **Other options:**
 - Try to **limit interactions with that individual.** This is a small and simple way to address the situation for the time being while you get time to process what happened for yourself and talk to your trusted people.

What if the situation is being escalated by the patient and being directed towards someone on the medical team?



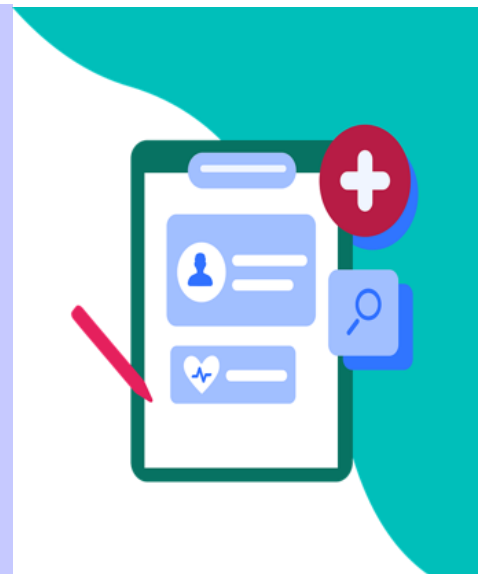
- If there is a situation where a patient vocalizes a racial comment/microaggression towards someone on the medical team, **the team should try to have a debrief after together to get everyone's perspective and create a safe space.**
- **Aggressive/racist comments from patients should be documented** in the chart/official documents.
 - Send a note to yourself, write down what happened as soon as you can
- **De-escalating the situation is important.** Need to learn and develop skills that are inherent and natural to you (ex. Using firmness, tone)
- **Know how to work with ppl who are shouting, know not to raise your voice.**

What if the situation is targeted towards patients (i.e. Demeaning language used towards patients)?

Redirect from stereotyping and go back to the facts of the circumstance using respectful language:

Ex. If preceptors call a patient a 'frequent flyer' get preceptor to get back to the facts:

- "What is this patient's name? What are the conditions that have brought them to this state?"
- "Why do you think that they've been to the emergency room so many times?"
- "What are the circumstances that have led to this?"
- "How can we prevent this?" - Getting into root causes of medicine moves the focus back onto patients.
- You can always ask them to explain what they mean as well: "Oh, I don't know what a frequent flyer is, can you explain what is meant by that?"



The current structure of medical teaching is within a system that can make it possible to ignore certain people in our population. As students we need to overcorrect this, learn to identify these signifiers:

- **Be more aware of potential recipients of microaggressions** or potentially adding into the unsafe culture of medicine.
- **Notice the subtle ways of thinking and speaking that are not creating a safe environment for** these patients in society and especially in the medical setting.
- Take more caution and even extra time in reviewing histories and details of these patients. **Make sure you are giving a full report.**
- Wear "Taking too much time with the patients" as a badge of honour.
- You can always try to **reach out to the rotation coordinator after the rotation to see if there is an avenue to provide feedback** for that service or use tools like One45 as an anonymous feedback tool.
- **It's ok to ask Preceptors/Mentors whom you trust to advocate for you.** They may have less of a power differential to overcome.



What can we do as individuals to better ourselves and be more prepared when we encounter these situations?

Self- reflection and self-growth:

- Work on building your **skills and outlets for managing stress and building resilience** → this will help maintain your sense of self.
- **Set firm boundaries** for yourself.
- Be comfortable and able to **recognize your own biases**:
 - One will never arrive to a 100% unbiased state, but overtime, **spending time acknowledging biases can help us strategize how to approach them.**
 - Practice with your peers, **talk about the biases that come up in day-to-day conversation.** Use these opportunities to **challenge stereotypes or conversations** that come up.
 - **Be comfortable with your response to yourself in a situation when you catch yourself even if it is “ugly”.**
Acknowledge it, recognize it, reflect on it, educate yourself and try to do better the next time.

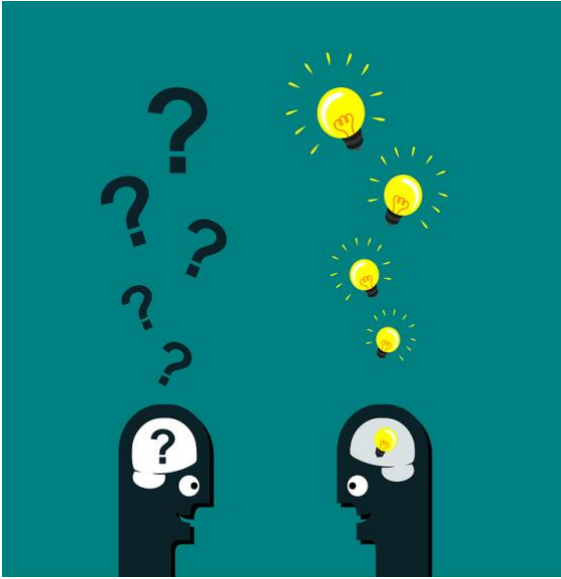
When it comes to patient care

- **See each one of your patients a whole person** not just a chief concern or by their condition. Care for them through a holistic biopsychosocial approach.
- **Recognize how you can relate your patients** and their families (i.e. gender, race, ethnicity, sports, etc.)
- Know **what resources are available to you for patient care**:
 - Communication in ESL patient populations, **ensuring translating services and resources are used.**
 - Get to know your **community resources** available
- Continue to **get educated on areas of patient care where you may not be comfortable with** (For example: Transgender care)
- **Teach your patients about the healthcare system** and how to best navigate it.

Career Exploration & Learning in Clinical Settings:

- **Every specialty has its own culture**, and this is a big part of what needs to be considered in career exploration. Talk to senior medical students, residents, fellows and staff about their day to day and what it is they like best:
 - What culture do you want to be a part of? What is congruent with who you are?
 - Have some strategies to navigate these spaces.
 - **Remember, you can change the culture for the better too!**
- **Set personal objectives for each rotation**:
 - What are my learned boundaries?
 - What am I being taught in the medical curriculum?
 - What are my personal boundaries and limits? Triggers? What keeps you going?
- **Set learning goals for yourself while on rotations regarding uncomfortable situations and mistreatment**:
 - Ask preceptors how they navigate uncomfortable conversations while addressing the culture of medicine and what they have learned from it
- Interpretation of Professionalism:
 - **Accept that your personal definition for professionalism and what it means within the context in which we live may not be the same.**
 - In a medical setting there are some general questions you can reflect on that showcase professionalism:
 - How does an individual conduct themselves in both attitude and behaviour? How does an individual conduct themselves with peers, patients, preceptors and allied health? How engaged is a trainee, owning the process of learning, punctuality?
 - As an adult learner, how do you portray your own thought process and attitudes to advocate for yourself and patients in a way where everyone is being treated as they should be.

Resources:



- Consider reading the **book "Crucial Conversations"** – It is a great tool that will benefit you in now and in the future!
- An additional resource for **learning non-clinical skills is Joule**. As **CMA members we have free access**. Website **can be accessed [HERE](#)**.
- Check out the **article "Ways to be an Ally"** [HERE](#).
- Take a minute and go through some **Implicit bias Association tests** [HERE](#).
- Also remember some of our own resources available if you or anyone you know experiences mistreatment:
 - The **Alberta Physician and Family Support program**. Website can be found [HERE](#).
 - The **CSM Mistreatment team**. Website with more [resources](#).

Acknowledgements

We would like to acknowledge all of our panelists and thank them for sharing their experience and knowledge with us through candid discussion. Once again, a big thank you for your participation!

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| • Dr. Hannan Bassyouni | • Dr. Kannin Osei-Tutu |
| • Dr. Aimée Bouka | • Dr. Naminder Sandhu |
| • Dr. Janine Farrell | • Dr. Amy Tan |
| • Dr. Nicole Johnson | • Dr. Theresa Wu |