



The Good, the Bad, and the Ugly: A Qualitative Review of Graduate Medical Trainees' Written Descriptions of Their Residency Experiences

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Background: DeWitt C. “Bud” Baldwin, M.D.

- **In the 1980s, Dr. Baldwin began asking medical students and residents about their clinical learning experiences.**
- **Bud did the first empirical research on their mistreatment and developed typologies to measure belittlement and humiliation.**



Learning, satisfaction , and mistreatment during medical internship. JAMA 1998;279:1194-9

Physical abuse, psychological mistreatment, racial discrimination and sexual harassment of residents by patients: results of a national multi-specialty survey. Annals of behavioral science and medical education 2006, Vol 12, No2,75-80

Study question

- What do resident physicians tell us about the issues that play a role on their well-being?

We based our study on...

- 2016 ACGME survey of well-being: 12,361 trainees responded.
- Of these respondents: 2,459 trainees also related personal experiences in open-ended comments.
- Three investigators independently reviewed the first 400 of 2,459 comments.



Qualitative analysis

Comments could include statements in multiple categories.

After review of the first 400 comments, investigators agreed on 31 distinct statement categories.

To confirm consensus saturation, every 10th of the remaining comments was reviewed and confirmed by two investigators.

No new statement categories emerged after reviewing an additional 205 comments (total 605).



Major findings from 605 comments

1,454 distinct statements placed into three major groups

Seven categories in the “good” statement group (n=480)

Eleven categories in the “bad” statement group (n=670)

Thirteen categories in the “ugly” statement group (n=304)





“Good” Statement Categories

- High satisfaction
- Strong support systems
- Good balance between teaching and patient care
- Good work life balance
- Friendly environment
- Positive Rapport
- High Engagement





“Bad” Statement Categories

General dissatisfaction
Lack of support
Lack of teaching
Poor work life balance
Money / Salary issues
Excessive Workload

Impaired health / well being
Family issues
Disorganized administration
Inappropriate space
/privacy
Dislike surveys





“Ugly” Statement Categories

Belittlement
Intimidation
Retaliation
Favoritism
Disrespect/neglect
Racism
Sexism

Staff conflict
Unethical behavior
Harassment
Blame
Hostile environment
Exploitation





The Good: Typical statements

“the staff is friendly, eager to teach, and full of team players”

Anesthesiology, PGY2

“very positive, very dedicated attending team”

Hematology and oncology, First year fellow

“best program director, great teacher, spends hours in education everyday...very friendly with everybody”

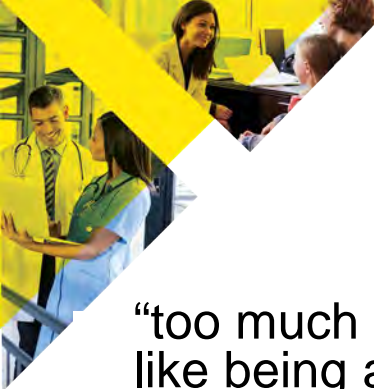
Cardiology, First year fellow

“program provides a real tight-knit, family-like atmosphere”

Cardiology, First year fellow

“program director is always willing to address any issues that may arise”

Child and adolescent psychiatry, First year fellow



The Bad: Typical statements

“too much paperwork, not enough learning. Being a doctor seems more like being an overworked secretary who also prescribes meds” Psychiatry, PGY4

“learning is like the pot of gold at the end of a rainbow- elusive”

Internal medicine, PGY2

“personal education time is suffering tremendously” Diagnostic radiology, PGY5

“the rate of pregnancy complications in my residency colleagues is very concerning. All worked until the day of their delivery, and most had premature deliveries” Cardiology, Third year fellow

“I want financial support. How do I manage this debt?” Pediatrics, PGY3

“program allows only 2 days sick leave for the whole year” Internal medicine





The Ugly: Typical statements

“Residency feels like indentured servitude.” Physical medicine/Rehabilitation, PGY4

“discriminated and enslaved by the residency program” Internal Medicine, PGY3

“an attending put his hand on my head and (jokingly) called me his slave in front of my colleagues when he was introducing his "teaching style”
Internal Medicine, PGY1

“aggression and hostility from attendings...keeps residents in a constant state of anxiety...greatly impacting resident functionality and performance” Radiology, PGY2



The Ugly: Typical statements

“when bringing up situations that compromised patient safety, we were threatened with retaliation” Pulmonary disease & critical care, Third year fellow

“Patients’ records distorted intentionally; I am really worried about being incompetent cardiologist graduating from this program.” Cardiology, fellow

“residents have no voice and are mistreated by faculty...negatively affects patient care” Pediatric cardiology, Second year fellow

“abusive attending threatened to kill me” Radiation oncology, PGY5



Residents reported their experiences based on:

The quality of academic learning

Systems that optimize patient care

A friendly and supportive work environment





Why we must listen to residents' concerns

Efforts to improve resident physicians' well-being should address their underlying concerns.

“Bad” and “ugly” concerns are remediable.

Mistreatment that harms physician well being may lead to medical errors (Baldwin research, in press).





How residents' statements related to their well-being survey responses

Residents placed in three groups using their statement categories.

Only "good" statements → "Good" group

Any "bad" but no "ugly" statements → "Bad" group

Any "ugly" statement → "Ugly" group

We compared the responses of these three groups on the survey questions about well-being and unprofessional treatment.



Days of unprofessional treatment in the previous two weeks

Group	Average days of unprofessional treatment
Good	0.58
Bad	2.63
Ugly	5.27

Days of unprofessional treatment in the previous two weeks

Group	Average days of unprofessional treatment	Average days of belittlement or humiliation
Good	0.58	0.19
Bad	2.63	1.31
Ugly	5.27	4.00

Days of unprofessional treatment and depression rates in the previous two weeks

Group	Average days of unprofessional treatment	Average days of belittlement or humiliation	% with symptoms of depression
Good	0.58	0.19	8%
Bad	2.63	1.31	40%
Ugly	5.27	4.00	50%

Days of unprofessional treatment and depression rates in the previous two weeks

Group	Average days of unprofessional treatment	Average days of belittlement or humiliation	% with symptoms of depression	% with positive screen for depression
Good	0.58	0.19	8%	2%
Bad	2.63	1.31	40%	28%
Ugly	5.27	4.00	50%	28%




Why these findings are important

- Residency training is a period of profound professional transformation.
- Humanistic relationships in the workplace lead to more empathic patient care.
- Resident physicians subjected to mistreatment and unprofessional behaviors report:
 - Higher rates of burnout, anxiety, and depression
 - Disruptions to their learning environment
 - Inefficiencies in their work
 - Increased medical errors





What we can do to take action

- Faculty and staff must promote a positive and supportive culture, free of intimidation, harassment, belittlement, and other unprofessional behaviors.
 - Residents must have ready access to support systems and health services.
 - Institutions must establish and enforce clear standards of conduct.
 - Resident physicians must be able to report unacceptable behaviors with the expectation of problem resolution and without fear of reprisals.
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Question and answer session

<http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources>



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Thank You!

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