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Medical Council

A safe place to work and learn?

Trainee-reported perceptions of bullying behaviour in the clinical learning environment in Ireland.

Paul Kavanagh & Simon O'Hare



Overview

Why ask trainees about bullying?

How did we do it?

What did we find?

What this means and next steps?



YOUR TRAINING COUNTS

RESULTS OF THE
NATIONAL TRAINEE EXPERIENCE SURVEY, 2014





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Why ask trainees about bullying?



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Aims for *Your Training Counts*

Clinical learning environments

Listen to trainee voice

Inform role of Medical Council

Dialogue and collaboration



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Why ask about bullying?

- Consultation feedback – direct and indirect
- Issue for trainee role as a “worker”
- Issue for trainee role as a “learner”
 - “Endemic” in medical education Fnais et al Acad Med 2014
 - “You learn better under the gun” Musselman et al, Med Ed 2005
 - “Becoming” a good doctor
 - Power in asymmetric relations – juniors, team, patients
 - Informal and hidden curriculum issue
 - Processes incl role modelling, professional identity formation, enculturation and cultural replication



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How did we do it?



Design and development

- Consultation in 2013
 - Test ideas on topics and approach; gather feedback; refine and finalise
- Bullying, harassment and undermining from GMC
 - 3 indicators – self & others (no source) and GP/Consultant mediated
 - No definition presented and trainee reported perception
- Dutch Residency Educational Climate Test, “D-RECT”
- GMC & Oxford Medical Careers Group questions
- Online feedback collection April-July 2014
- 3,097 trainee specialist invited - 53% response rate

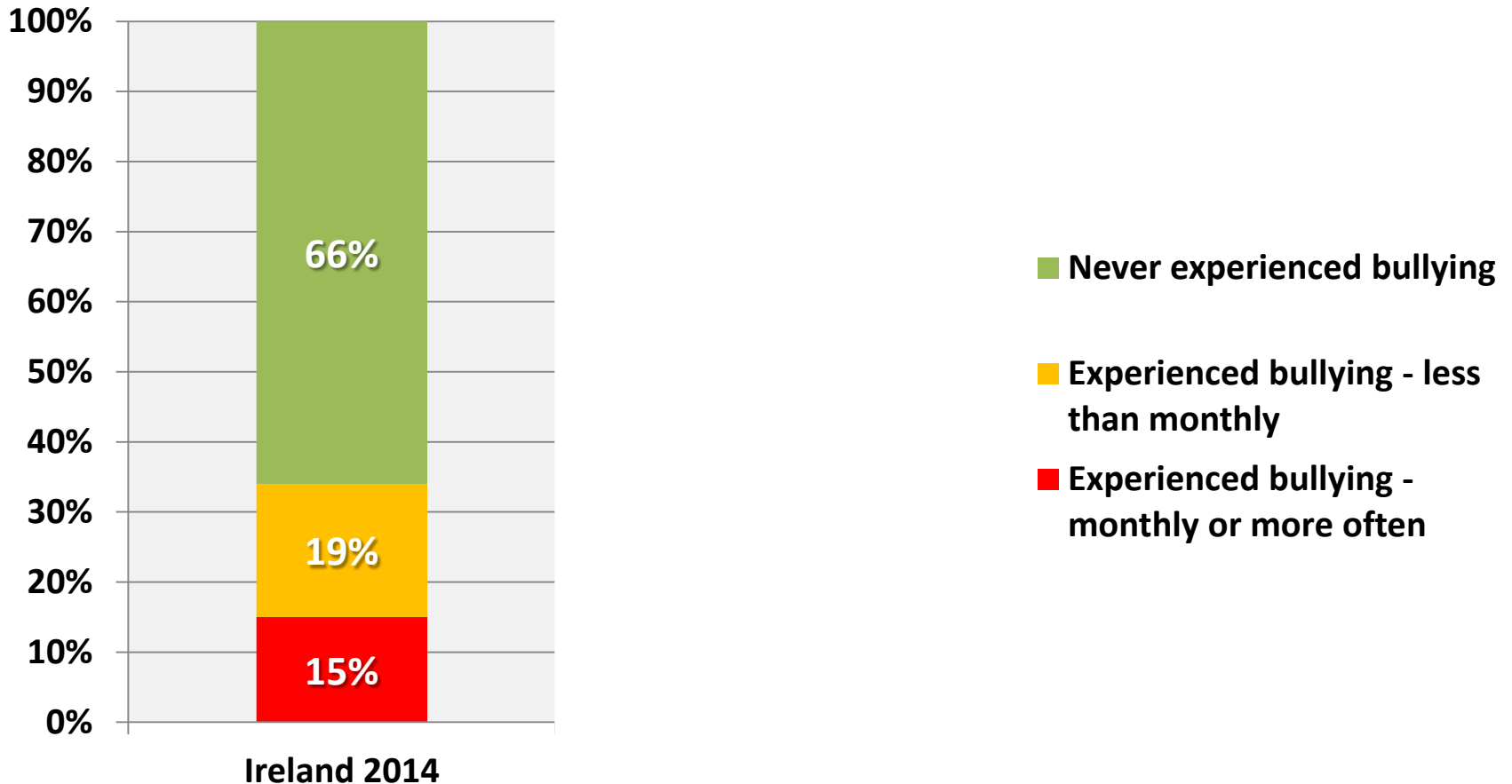


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What we found



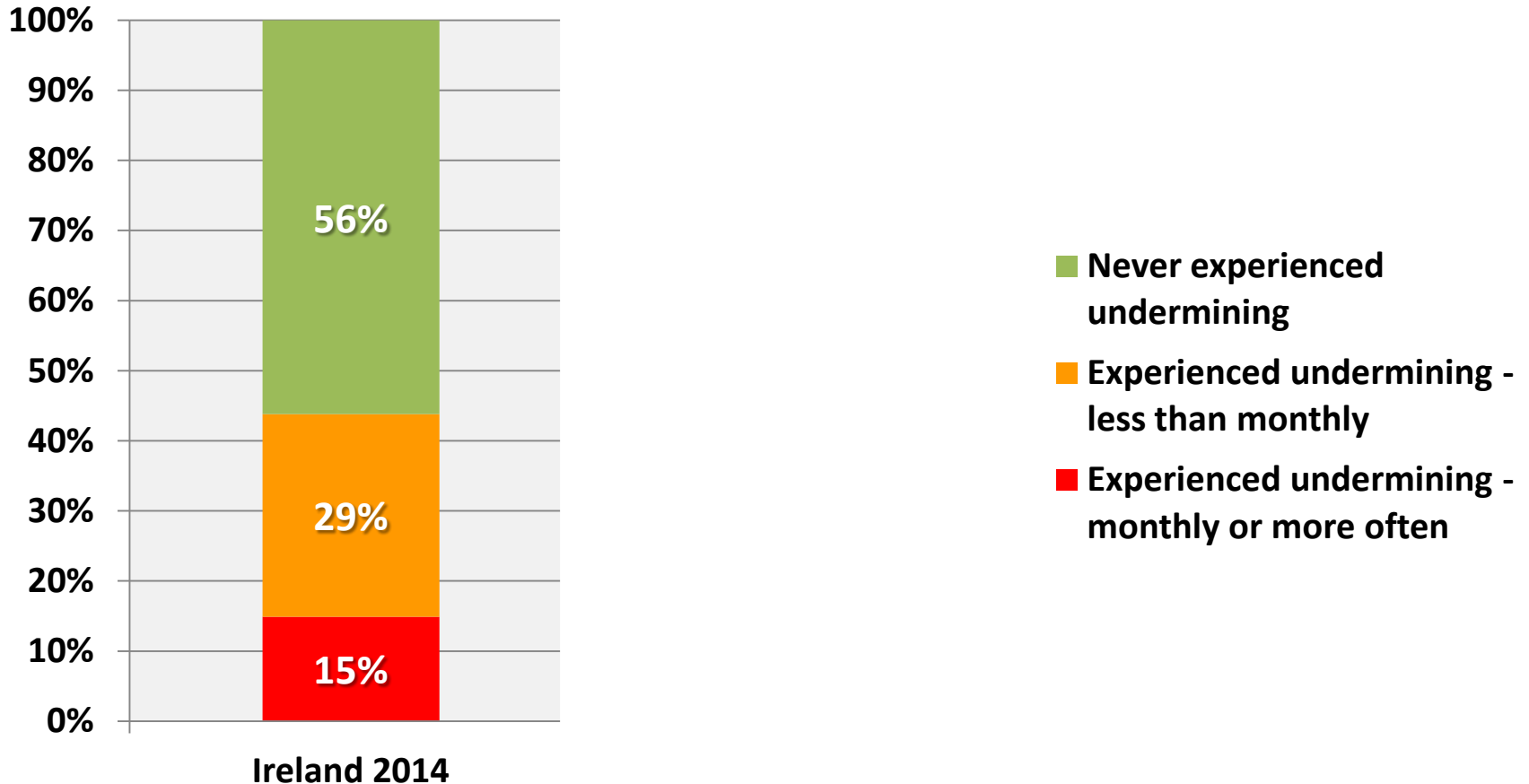
Bullying and harassment



“How often, if at all, have you been the victim of bullying and harassment in this post?”



Undermining from a Consultant/GP



"In this post, how often if at all, have you experienced behaviour from a consultant/GP that undermined your professional confidence and/or self-esteem?"



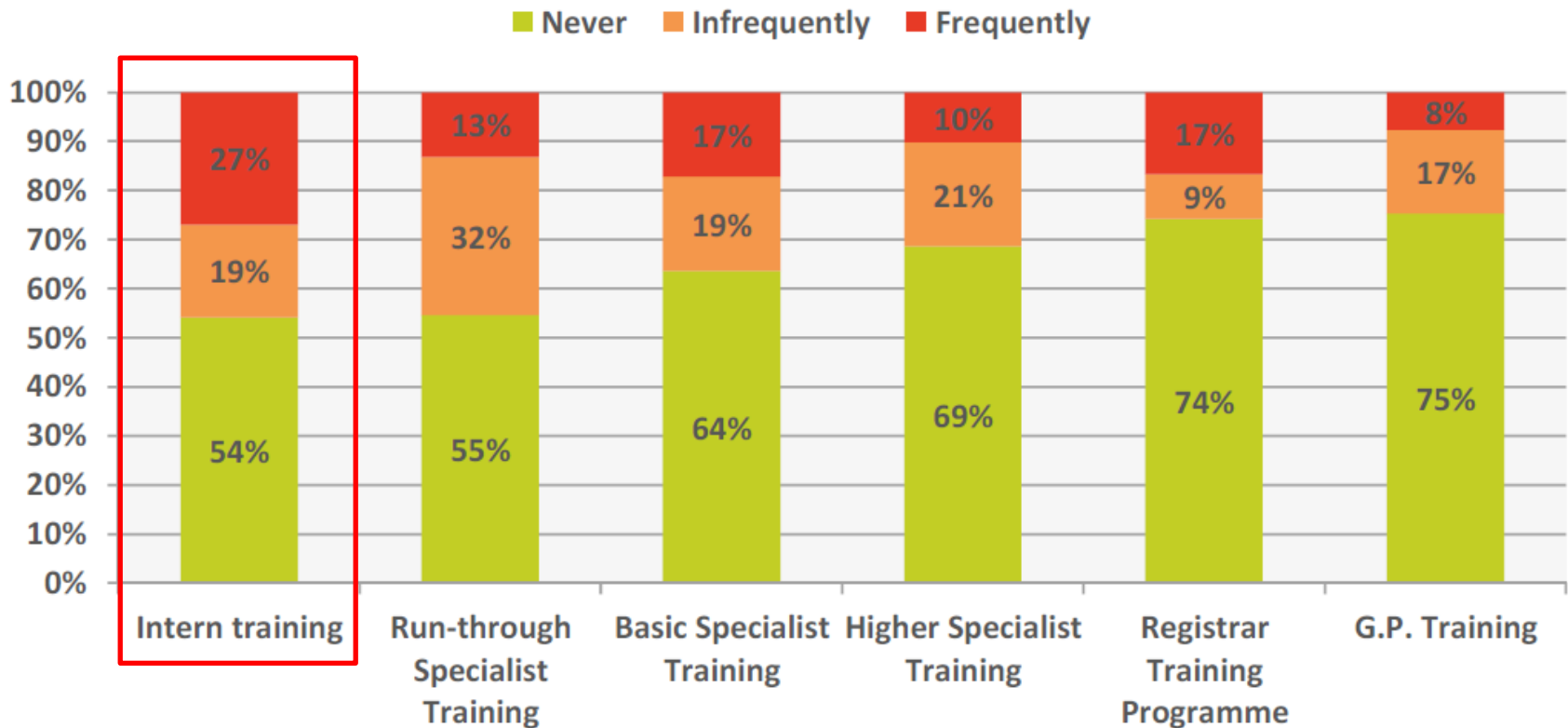
Association with trainee characteristics

The prevalence of trainee-reported personal experience of bullying and undermining behaviour was similar for

- Male and female trainees ($\chi^2 (2, N = 1380) = 1.74, p = 0.419$)
- Direct entry and graduate entry trainees ($\chi^2 (2, N=1112) = .06, p = 0.971$).
- Trainees of different country of qualification ($\chi^2 (2, N=1380) = 4.77, p = .092$).



Association with trainee- characteristics

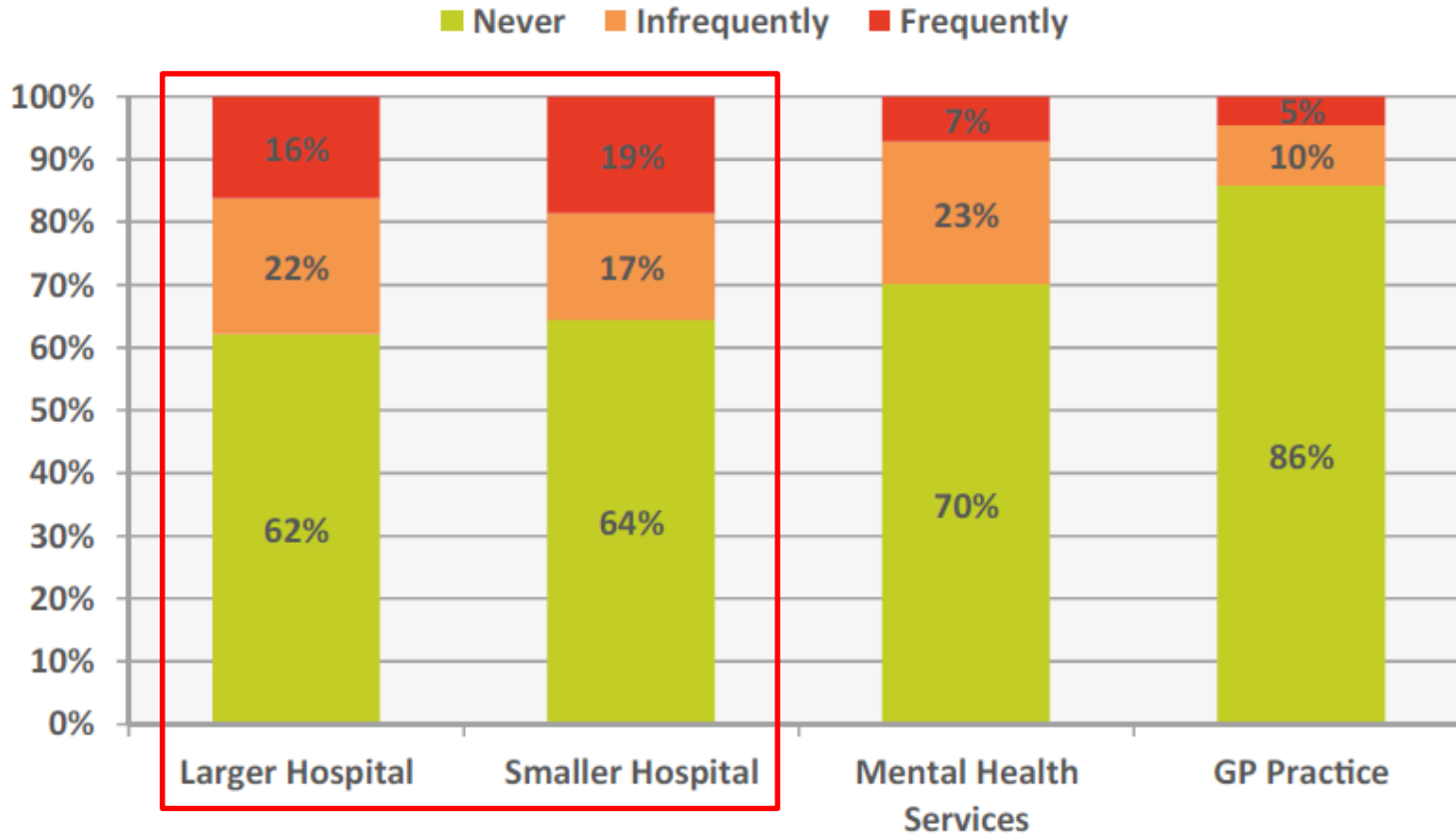


$\chi^2 (10, N = 1379) = 59.78, p < 0.001$

“How often, if at all, have you been the victim of bullying and harassment in this post?”



Association with site characteristics



$\chi^2(6, N = 1357) = 44.99, p < 0.001$

“How often, if at all, have you been the victim of bullying and harassment in this post?”



Association with learning climate



$F(2,1235) = 123.79, p < 0.001$

“How often, if at all, have you been the victim of bullying and harassment in this post?”



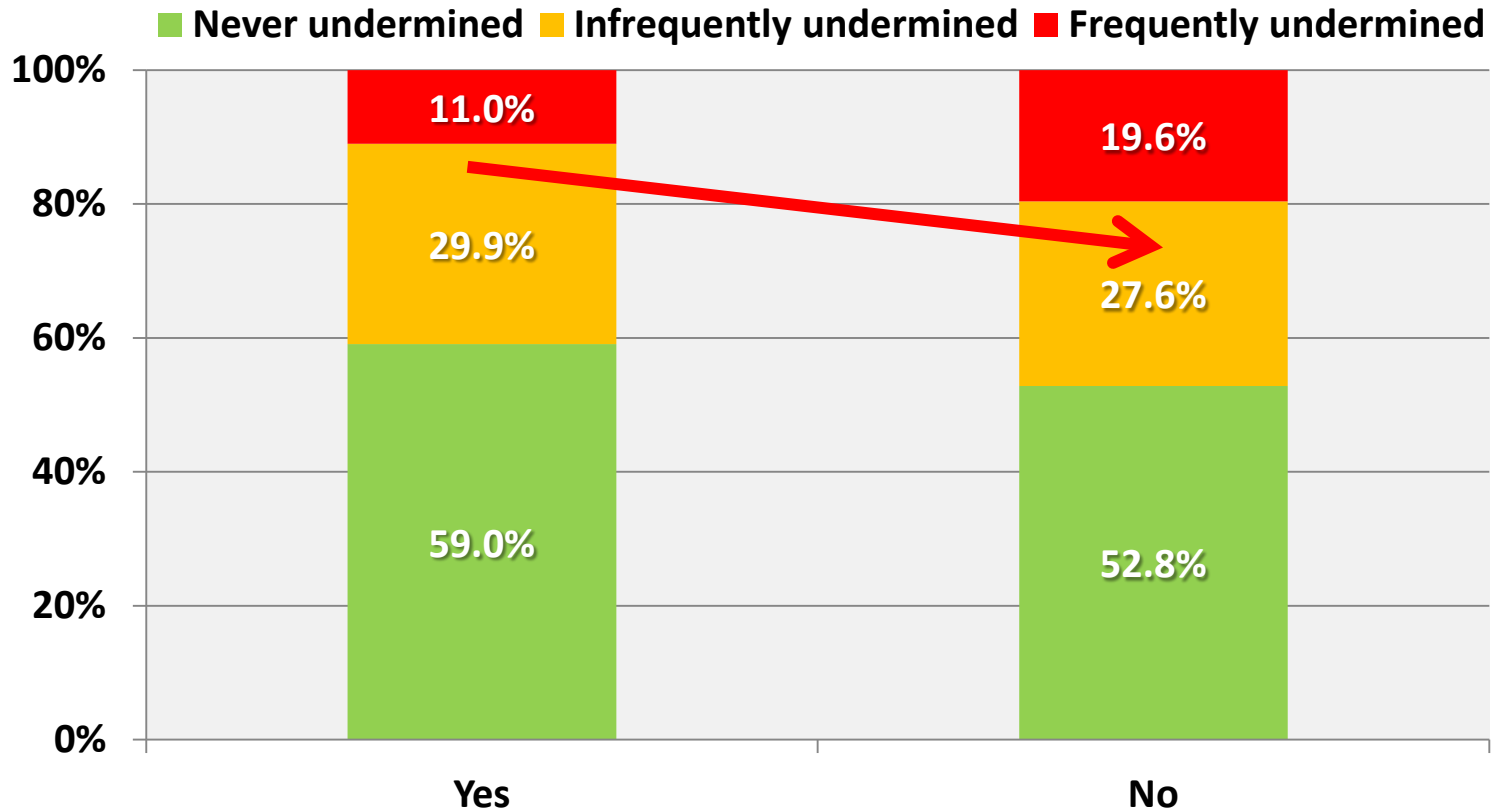
Other associations?

- Compared with trainees who never experienced undermining from consultant/GP, those who reported this experience also reported lower “Consultants/GP role” CLE Dimension Score - $F(2,1368) = 135.7, p < 0.001$
- Compared with trainees who felt prepared for transition, trainees who felt less prepared reported a higher prevalence of self-reported experience of bullying - $X^2(4, N = 1353) = 67.15, p < 0.001$
- Compared with trainees that did not, trainees that reported observing others being bullied also reported poorer views on the quality of clinical care at the site where they trained - $X^2(2, N = 1369) = 50.79, p < 0.001$



Association educational induction

In this post, how often if at all, have you experienced behaviour from a consultant/GP that undermined your professional confidence and/or self-esteem?



Did you sit down with your educational supervisor and discuss your educational objectives for this post?

$\chi^2 (2, N=1331) = 19.26, p < 0.001$



Other associations ?

- Health, wellbeing & work-engagement
- Full time or less than full time
- Disability/limiting illness
- Social class
- Career intentions
- Retention in Ireland



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What this means and next steps



What this means

- Disappointing ... but not surprising
- No targeting by gender or country of qualification
- Type of site matters ... why?
- Vulnerability at transition from student to intern and if feeling under-prepared ... why?
- Interlinked with climate and views of quality of care – different slices into same culture?
- Interlinking with learning ... and other outcomes?
- Educational induction may help ... why?



What next?

- Robust surveillance – measurement helps and raises awareness
- Local response
 - Good human resource management with robust policies and procedures – empowering leaders and managers [*& trainers*] to prevent and respond Illing et al, 2013
 - Integrated governance – well led organisations providing safe, effective and compassionate care
- Shaping cultures for learning **and** practice
 - Educational leadership and faculty development
 - Professional leadership



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Thank you



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- Prof Ruairi Brugha and Dr Niamh Humphries, RCSI.
- Student and Trainee Consultative Forum.
- Participants in “expert expectations” benchmarking study
- 1,636 Trainees who took part in Your Training Counts.



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