

# Unacceptable behaviour in medicine

Mar 11, 2017 | 0  | [challenges](#), [humanities](#), [ontheblogs](#), [onthejobs](#), [work life balance](#), [Working & traini...](#)

**Author:**  James Edwards



James' interest in medical education, especially that of early career doctors, grew during his role as the Director of Prevocational Education and Training at Royal Prince Alfred Hospital, Sydney, from 2008 to 2014. This led to his current role as the NSW Prevocational Training Council Chair at the Health and Education and Training Institute (HETI). James works clinically as an Emergency Physician at Royal Prince Alfred Hospital and is Director of the Department. The need to better prepare students for their first years of practice led James to take on the role of the Chair of the Sydney University Pre-internship (PRINT) block in 2012. James has a Masters in Medical Education from the University of Sydney. When not being a husband, father to two beautiful girls, juggling his multiple roles he loves to watch the Adelaide Crows (AFL) win and play tennis.

Memories of being humiliated and belittled by senior clinicians have never left me. My failed attempts to answer increasingly difficult questions in front of my colleagues whilst being “taught” on daily wards rounds. The condescending comments as the inevitable occurred. Not revealing the embarrassment I felt or my sense of relief when the focus moved onto someone else. But I never felt bullied. Maybe it was my lack of awareness of bullying, my acceptance of this method of teaching or that my experience was not one of exclusion but more a rite of passage. If I reflect, was I a victim of bullying?

## Bullying behaviours are prevalent in medicine

Bullying is a major problem in our hospitals. Awareness of the incidence of bullying and its impact on young doctors has increased in the public consciousness through recent media reports. Surveys from a number of the vocational colleges have highlighted a concerning culture of bullying behaviours (1,2).

Junior doctors may be at a higher risk of being bullied and less likely to report bullying behaviour due to fears about negatively impacting their chances of acceptance into vocational training programs. Close to half of the residents and fellows (48%) in the United States graduate medical education system reported being subjected to bullying (3). The most frequently reported bullying behaviours were:

- Attempts to belittle and undermine work (44%)
- Unjustified criticism and monitoring of work (44%)
- Destructive innuendo and sarcasm (37%)
- Attempts to humiliate (32%)

In my role as the NSW Chair of [Prevocational Training Council](#), I recorded with my colleague, Dr Ros Crampton, a short three-minute video on unacceptable behaviour in

medicine and would encourage you to watch it.

## Unacceptable behaviour

The video is titled “Unacceptable behaviour in medicine” rather than “Bullying in medicine”. So why do we not call it bullying if that is what the problem is? There is definitely a time and a place to name bullying. Bullying behaviour tends to be repeated over time or occurs as part of a pattern of behaviour. Unacceptable behaviour can be an isolated event.

Language is important; once the bully word is mentioned, those accused will typically become defensive. Denial, blaming, or allegations of the trainee’s poor performance often ensue. This limits the opportunity for [prompt resolution of the issue](#). As bullying is usually the result of repetitive episodes of unacceptable behaviour the early reporting of events and ensuring that health organisations address the problem in a timely and proportionate manner should reduce the incidence of bullying in our workplace.

Unacceptable behaviour is not always black or white; it takes the action of one individual and the perception of another. Context is important. Many senior clinicians may be surprised that others perceive what they see as teaching, feedback or direction as unacceptable behaviour. Most doctors if questioned would accept that their behaviour or actions have been unacceptable at times. I would like to say that I am an exception. But I am not.

## Your experiences impacts your teaching practices

Unfortunately, my early experiences of teaching influenced my teaching practices. Teaching at my morning handover too frequently involves a barrage of GWITs (Guess What I am Thinking) questions (but without the demeaning comments). The value and effects of *pimping* of medical students and junior doctors in medical education has received recent scrutiny in the medical education literature (4).

Many clinicians would value the opportunity to reflect on, explain, clarify or in many cases apologise for their unacceptable behaviour. It is for this group of doctors that this video is particularly directed towards. Educating about the negative consequences of bullying and disrespectful behaviours is supported as a strategy to reduce the incidence of bullying in the workplace (5). Alternative strategies are required for those that are less insightful into their behaviours.

## UNACCEPTABLE BEHAVIOUR IN MEDICINE



*Click on the above image to view the video "Unacceptable Behaviour in Medicine by HETI (Health Education and Training Institute)"*

As a junior doctor, it is important to be able to identify situations involving unacceptable professional behaviour. There is evidence that [junior medical staff may choose to either ignore or accept certain behaviours as normal](#) when in fact they are not.

### **Constructive criticism is not bullying**

A complaint that we hear quite often from some senior medical staff is that doctors in training don't understand the difference between being provided with constructive criticism or feedback and being bullied.

The following are legitimate and reasonable behaviours:

- Providing constructive feedback on performance or raising performance issues
- Providing direction and guidance on the work that is to be undertaken, and how it is to be undertaken
- Reasonable allocation of work or transfer of work duties
- Disciplinary action for proven misconduct
- Disagreement on an approach or a decision stated in a reasonable tone

Recognising what behaviours are legitimate or unacceptable is a necessary step to reduce bullying behaviour. As a junior doctor you need to understand that the problem is with the bully and not with you. Their behaviour is not okay and should not be pardoned because of their position or expertise.

### **Silence allows unacceptable behaviour to continue**

To [speak up](#), report or act about unacceptable behaviour is difficult for a junior doctor. But silence allows unacceptable behaviour to continue in our hospitals. Silence exists

because junior doctors may not know how to report or are concerned about the risk of repercussions in reporting. Fear of retaliation and a lack of confidence in our hospitals to adequately and appropriately handle reports of unacceptable behaviour can also contribute to ongoing mistreatment (6). We need to empower junior doctors to speak up. The video describes a number of avenues to report unacceptable behavior.

In my experience, your Directors of Prevocational Education and Training (DPET) or Directors of Clinical Training are good first options. Irrespective of whom you report your concerns to the bullying claim needs to be taken seriously, handled promptly and confidentially and appropriate action taken.

Junior doctors should be applauded when they speak up but shouldn't carry the burden of changing the entrenched culture of medicine around how we treat our colleagues.

## Bystanders and observers also need to speak up

Unfortunately, there is a need for better literature to assist us in addressing the bullying issue in medicine. But what evidence there is points to the idea that by engaging the bystanders or observers of bullying behaviour in the problem we are most likely to see a change in culture. Indeed, this makes sense when you think about it. The bully is often lacking insight that they are being a bully. The bullied individual is feeling disempowered. But the bystander at least has an opportunity to act (or not).

This is also more easily said than done. We are talking here about what's called a "difficult conversation" something that most of us would like to avoid if possible and often find, well "difficult". There are some promising developments in terms of training programs that give doctors the confidence and skills to engage in difficult conversations rather than avoid them.

To those senior colleagues who may be reading this blog, it is up to you to stand up and to speak out on unacceptable behaviour. Senior clinicians need to model collegiality and respectful communication to develop a culture that is better, kinder and more respectful to everyone.

## References

1. Venkatesh B, Corke C, Raper R, Pinder M, Stephens D, Joynt G, Morley P, Bellomo R, Bevan R, Freebairn R, Varghese B, Ashbolt M, Hawker F, Jacobe S, Yong S. Crit Care Resusc. 2016 Dec;18(4):230-234. Prevalence of bullying, discrimination and sexual harassment among trainees and Fellows of the College of Intensive Care Medicine of Australia and New Zealand. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27903203>
2. Crebbin W, Campbell G, Hillis DA, Watters DA. ANZ J Surg. 2015 Dec;85(12):905-9. Prevalence of bullying, discrimination and sexual harassment in surgery in Australasia. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26510837>
3. Chadaga AR, Villines D, Krikorian A. PLoS One. 2016 Mar 16;11(3). Bullying in the American Graduate Medical Education System: A National Cross-Sectional Survey. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26982705>
4. McCarthy CP, McEvoy JW. JAMA. 2015;314(22):2347-2348. Pimping in Medical Education Lacking Evidence and Under Threat. Available from:

<http://jamanetwork.com/journals/jama/article-abstract/2474430>

5. Khan, A & Khan, R. Industrial and Commercial Training. 2012. 44 Issue 2: 85 – 89. Understanding and managing workplace bullying. Available from: <http://www.emeraldinsight.com/doi/full/10.1108/00197851211202911>
6. Leisy, HB & Ahmad, M. BMC Medical Education. 2016. 16:127. Altering workplace attitudes for resident education (A.W.A.R.E.): discovering solutions for medical resident bullying through literature review. Available from: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-016-0639-8>

## Related Blogs

- [The dark art of bullying](#)

**Tags:** #American Graduate Medical Education System,#behaviour,#bullying,#bystanders,#difficult conversations,#discrimination,#harassment,#medical education,#Pimping in Medical Education,#teaching by humiliation,#unacceptable behaviour in medicine,#workplace bullying,#workplace culture