

RESOLUTION 2021 F

SUBJECT: Restoring an Equitable and Positive Learning Environment in Medical Training

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Macomb County Osteopathic Medical Association, Oakland County Osteopathic Medical Association, Council of Interns and Residents

REFERRED TO: Public Affairs Committee

Recommendation from Committee: Approve as Amended

ACTION AT MOA HOD: **APPROVED AS AMENDED**

1 **Whereas**, anti-harassment and anti-discrimination policies address abusive and disruptive
2 behavior towards protected classes (i.e. race, color, sex, sexual orientation, national origin, or
3 age), however, mistreated employees who do not fall into these categories do not have legal
4 protections against such mistreatment with more than 75% of legal cases regarding abusive
5 behavior not being within the scope of antidiscrimination laws ⁸; and

6 **Whereas**, many hospital and professional organization policies address overt mistreatment such
7 as discrimination, criminal activity, sexual assault or physical abuse but do not formally address
8 other forms of abuse such as bullying and intimidation ^{3,4}, which includes behaviors such as
9 humiliation, insults, threats, coercion, isolation, and overwork ⁹; and

10 **Whereas**, the Institute for Safe Medical Practices found that 88% of medical practitioners
11 encountered condescending language or voice intonation, 87% encountered impatience with
12 questions, 79% dealt with reluctance or refusal to answer questions, 48% were subjected to
13 strong verbal abuse, 43% experienced threatening body language, and 4% reported physical
14 abuse, while only 39% felt their organization dealt effectively with intimidating behavior ¹; and

15 **Whereas**, , the hierarchical system of residency training establishes an atmosphere of
16 dominance, resulting in a fear of consequences, including the negative influence on career, an
17 impaired learning experience, being labeled, and concern for greater mistreatment after
18 reporting, and a subsequent culture of silence, rationalization, intimidation, and harassment as a
19 part of training ^{4,8}; and

20 **Whereas**, the Joint Commission reports intimidating and disruptive behaviors are often
21 manifested by health care professionals in positions of power ^{5,10}, which makes it difficult to
22 confront aggressors and leads to underreporting of abusive behavior in up to 79% of physicians ^{2,}
23 ¹² and 88% of residents ⁶; and

24 **Whereas**, the breakdown in effective communication secondary to abuse and intimidation can
lead to medical errors impairing patient safety ^{4,5,8,13}; and

26 **Whereas**, targets of abuse have reported manifestations including insomnia, depression, anxiety,
27 gastrointestinal complaints, hypertension, chest pain, palpitations, weight loss, headaches, loss of
28 libido, worsening of chronic illness, post-traumatic stress disorder and suicide ^{4, 5, 8}; and

29 **Whereas**, the American Osteopathic Association (AOA) existing policy (H343A/17) recognizes
30 the need to “address stressful issues during all stages of career development because failure to do
31 so can have lasting ramifications for a physician mentally, emotionally, socially, and physically,”
32 however, no policy exists to address abuse and disruptive behavior which clearly contributes to
33 this stress; and

34 **Whereas**, organizations within the medical community, including the Joint Commission and the
35 American College of Surgeons and the American College of Obstetricians and Gynecologists,
36 issued a “zero tolerance” policy against disruptive behavior in the workplace ^{7, 9, 10}, and/or, have
37 addressed the need to address such behaviors within institutions through clear communication of
38 definitions and impacts of disruptive behaviors, establishing confidential reporting systems and
39 assistance programs, and adopting hospital-wide policy and procedure that is enforced ⁷;
40 therefore, be it

41 **Resolved**, the Michigan Osteopathic Association (MOA) adopt a stance of zero-tolerance to
42 abuse and disruptive behavior in residency training and consider such violations as a violation of
43 the code of ethics; and be it further,

44 **Resolved**, the MOA support the council of interns and residents to collect data examining the
45 prevalence and nature of abuse experienced by osteopathic trained residents in Michigan; and be
46 it further,

47 **Resolved**, the MOA advocate for a mechanism for addressing abuse in medical training with the
48 goals to restore an equitable and positive learning environment that eliminates abusive behavior
49 and provides a resource to victims outside of their institution; and be it further,

50 **Resolved**, the MOA forward this resolution properly formatted to the American Osteopathic
51 Association for national consideration and adoption.

52 **Fiscal Impact:** A 2020 task force has been formed by the MOA Council of Interns and
53 Residents to address these issues and with the MOA’s support can continue their work in this
54 area with adoption of this resolution and no further financial impact to the MOA organization.
55 Any fiscal impact will be handled within the Council of Interns and Residents which has funds
56 available to improve quality of life and training for Michigan osteopathic trainees. Similarly, we
57 believe at the AOA level this would best be administered through the Bureau of Emerging
58 Leaders (BEL) or similar committee.

59 **Resources:**

- 60 1. Institute of Safe Medication Practices. (2013). Disrespectful Behavior in
61 Healthcare...Have We Made Any Progress in the Last Decade? Available at:

- 62 [https://www.ismp.org/resources/disrespectful-behavior-healthcarehave-we-made-any-](https://www.ismp.org/resources/disrespectful-behavior-healthcarehave-we-made-any-progress-last-decade)
63 [progress-last-decade](https://www.ismp.org/resources/disrespectful-behavior-healthcarehave-we-made-any-progress-last-decade).
- 64 2. Workplace Bullying Institute. (2019). The WBI Definition of Workplace Bullying.
65 Available at: <https://www.workplacebullying.org/individuals/problem/definition/>.
66 Accessed July 27, 2019
- 67 3. Kaplan K, Mestel P, Feldman D. Creating a culture of mutual respect. *AORN J*.
68 2010;91(4):495–510.
- 69 4. Leisy, H.B., Ahmad, M. Altering workplace attitudes for resident education
70 (A.W.A.R.E.): discovering solutions for medical resident bullying through literature
71 review. *BMC Med Educ* **16**, 127 (2016). <https://doi.org/10.1186/s12909-016-0639-8>
- 72 5. Joint Commission. (2008). Behaviors that undermine a culture of safety. *Sentinal Event*
73 *Alert*, 40. Available at: https://www.jointcommission.org/assets/1/18/SEA_40.PDF.
- 74 6. Nagata-Kobayashi S, Maeno T, Yoshizu M, Shimbo T. Universal problems during
75 residency: abuse and harassment. *Med Educ*. 2009;43(7):628–36.
- 76 7. Committee on Patient Safety and Quality Improvement. Committee Opinion No. 683:
77 Behavior That Undermines a Culture of Safety. *Obstet Gynecol*. 2017;129(1):e1-e4.
78 doi:10.1097/AOG.0000000000001859
- 79 8. Dalton, D. (2016). Bullying in the Healthcare Industry, A review of the research and
80 policy recommendations. *The Journal of Emergency Medical Services*. Available at:
81 [https://www.jems.com/ems-insider/articles/2016/08/bullying-in-the-healthcare-](https://www.jems.com/ems-insider/articles/2016/08/bullying-in-the-healthcare-industry.html)
82 [industry.html](https://www.jems.com/ems-insider/articles/2016/08/bullying-in-the-healthcare-industry.html).
- 83 9. American College of Surgeons. (2019). Statement on Harassment, Bullying, and
84 Discrimination. Available at: <https://www.facs.org/about-ac/s/statements/117-harassment>.
- 85 10. Joint Commission. (2016). Bullying has no place in health care. *Quick Safety*, 24.
86 Available at:
87 https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_24_June_2016.pdf.
- 88 11. Brehio, R. (2004). Survey Shows Workplace Intimidation Adversely Affects Patient
89 Safety. *Institute for Safe Medication Practices*. Available at:
90 <https://forms.ismp.org/pressroom/pr20040331.pdf>
- 91 12. Pei, K. Y., & Cochran, A. (2019). Workplace Bullying Among Surgeons—the Perfect
92 Crime. *Annals of surgery*, 269(1), 43-44.
- 93 13. Institute for Safe Medication Practices. (March 11, 2004). Intimidation: practitioners
94 speak up about this unresolved problem (part I).
95 https://www.ismp.org/newsletters/acutecare/articles/20040311_2.asp.