What should happen when a resident physician gets belittled

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With data suggesting that bullying among physicians is prevalent throughout the continuum of training and into practice, the issue has drawn recent action from the AMA House of Delegates.

“Bullying in the workplace is a complex type of unprofessional conduct. Bullying in medicine happens as a result of a combination of individual, organizational and systemic issues,” according to a 2020 AMA Board of Trustees report on the topic.

Following are highlights from an article published in the AMA Journal of Ethics® (@JournalofEthics) by Lindsey Carlasare, a research and policy manager at the AMA and Gerald B. Hickson, MD, chair of medical education and administration and founding director of the Center for Patient and Professional Advocacy at Vanderbilt University Medical Center in Nashville, Tennessee.

The article describes a hypothetical case of a resident (Dr. S) who is apprehensive about assisting a physician (Dr. T) with an aortic valve replacement. The case cites instances in which Dr. T has made repeated condescending remarks to trainees and colleagues and made specific belittling remarks about Dr. S.

Because of that history, Dr. S was hesitant to act when Dr. T made interventions that were not necessarily in the patient’s best interest during the procedure. Furthermore, as Dr. S hesitated to follow Dr. T’s instructions, she was yelled at by Dr. T.

Maintaining professionalism

“Professionalism is the conduct, values and qualities that characterize members of a profession and guide decision making in ethically challenging, rapidly changing clinical practice environments,” the authors wrote. “Health professionals have duties to maintain competency and skill standards in their
fields, practice self- and group-regulation, and express enduring commitment to reliable, safe, equitable care for all patients.”

Behavior such as the case highlighted above can have far-reaching consequences for patients. “Patients who receive care from surgeons like Dr. T are more likely to experience complications. These can include “surgical site infections, cardiac arrest, septic shock and stroke,” the authors wrote.

**Modeling behavior**

While the example of Dr. T’s treatment of Dr. S may seem extreme, mistreatment in the workplace is common and requires speaking up at every level of the care team, the authors wrote.

To help organizations achieve a workplace safety culture, the AMA advises that health care organizations:

- Describe organizational leaders’ “commitment to providing a safe and healthy workplace.”
- “Outline steps for individuals to take when they feel they are a victim of workplace bullying.”
- “Provide contact information for a confidential means for documenting and reporting incidents.”
- Establish “procedures and conduct interventions within the context of the organizational commitment to the health and well-being of all staff.”

The authors also called for “establishing and maintaining a systemwide peer reporting and feedback mechanism” that can improve accountability and enhance professional self-regulatory capacity and help motivate self-reflection.

The December 2021 issue of *AMA Journal of Ethics* further explores health justice and diversity in medical school admissions.