

Empowering Internal Medicine Residents to Address Incivility through Active Bystander Training

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BACKGROUND:

- According to a 2017 Medscape survey, the majority of healthcare professionals report that derogatory comments were made to them for a variety of attributes, including age, gender, ethnicity, or race.
- Active bystander training aims to teach clinicians how to intervene when they observe bias or harassment in the workplace and during patient encounters.
- We administered a needs assessment survey to gauge residents' personal experiences related to bias in healthcare and subsequently developed an active bystander curriculum for internal medicine residents.

EDUCATIONAL INNOVATION:

- We administered a needs assessment in November 2019 through SurveyMonkey, which was emailed to all internal medicine residents.
- We partnered with the Wake Forest Baptist Medical Center Office of Inclusion and Diversity to develop Active Bystander training specific to internal medicine residents.
- The sessions were comprised of 2 parts, including a discussion on models for allyship, examples of incivility, unconscious bias, bystander effect, group think, and diffusion of responsibilities. The second part involved 4 case-based scenarios (see example in Figure 1) in which the residents discussed how to employ active bystander techniques (Figure 2) in a small group format.

Figure 2: Active Bystander Techniques

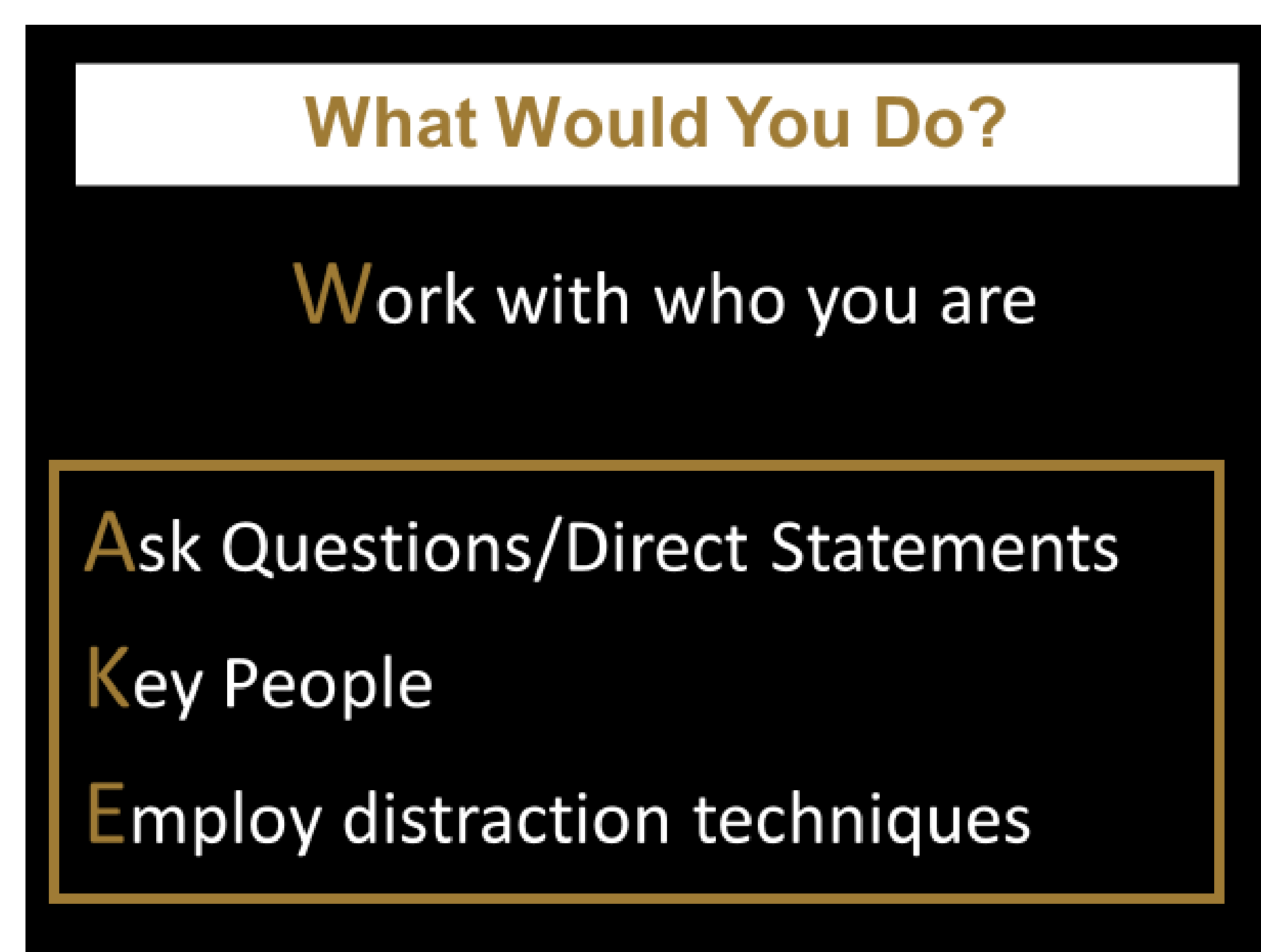
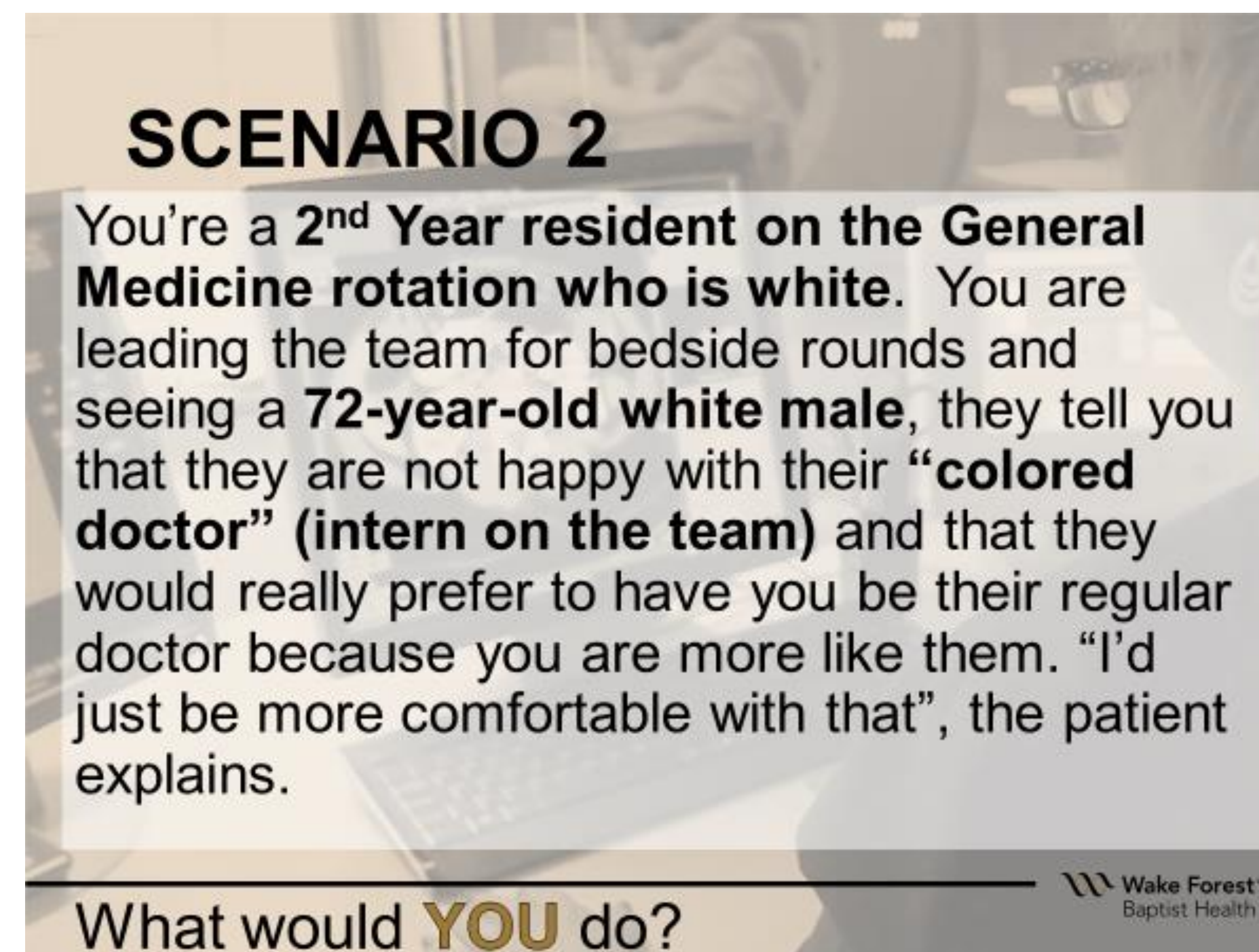


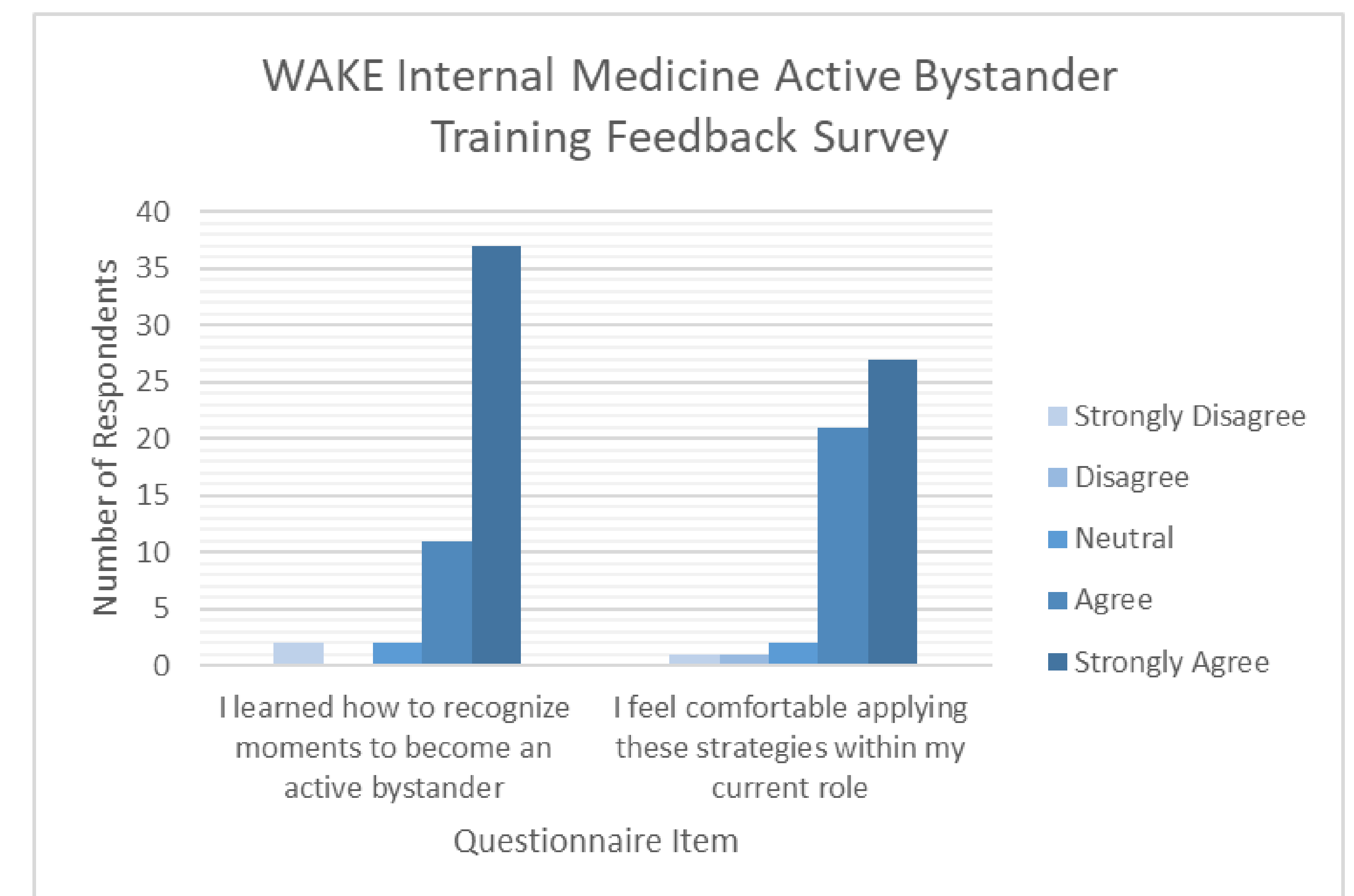
Figure 1: Example of Case Scenario



RESULTS:

- 36 out of total of 111 residents in the program responded to the initial needs assessment (32%).
- Overall, 62% of respondents reported that a patient has made at least one offensive comment regarding their gender, age, race, ethnicity, sexual orientation or religious beliefs, with 25% of the respondents reporting that this happened greater than 3 times.
- 86% of the respondents reported witnessing a patient make an offensive comment toward another member of the medical team or nursing staff at least once.
- 53% of respondents reported that they felt comfortable speaking up with a patient made a derogatory comment.
- A total of 52 interns over the past year attended the sessions for active bystander training.
- A feedback survey was given after the training (Table 1), in which the majority of the residents agreed or strongly agreed that they learned how to recognize moments to become an active bystander and felt comfortable applying these strategies in their current role.

Table 1: Active Bystander Feedback Survey



CONCLUSIONS/LESSONS LEARNED:

- Our needs assessment suggested that the majority of our internal medicine residents have experienced patient encounters in which the patient made a derogatory comment about age, race/ethnicity, sexual orientation, or religious beliefs with a sizable number reporting that they do not feel comfortable speaking up in these settings.
- Active bystander training may be an effective strategy to empower residents to engage in situations in which patients or colleagues have made derogatory remarks toward them or other team members.

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