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# LEARNING ENVIRONMENT AND STUDENT MISTREATMENT: POLICIES, GUIDELINES AND STUDENTS RESPONSABILITIES

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RECINTO DE CIENCIAS MÉDICAS

ESCUELA DE MEDICINA – RECINTO DE CIENCIAS MÉDICAS

24 DE ENERO DE 2018

# OBJETIVOS

- Definir el término maltrato.
- Presentar el alcance del maltrato en estudiantes de la carrera de medicina.
- Discutir estrategias de cómo prevenir el problema.
- Presentar recursos institucionales disponibles para atender el problema.



# EJERCICIO

# DEFINICIÓN DE TÉRMINO

Mistreatment either **intentional or unintentional** occurs when **behavior shows disrespect** for the dignity of others and **unreasonably interferes with the learning process**.

Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner. Association of American Medical Colleges (AAMC, GQ, 2011).

# AAMC – GQ – ÁREAS/TEMAS DE MALTRATO

- Aspectos generales
- Sexual
- Racial/étnico
- Género
- Orientación sexual

# AAMC – GQ – ÁREAS/TEMAS DE MALTRATO

(CONT.)

## Aspectos generales

- Amenaza o castigos físicos
- Solicitar favores personales

## Sexual

- Solicitar favores sexuales
- Acercamientos sexuales no deseados

## Racial/Étnico

- Ofensas
- Evaluaciones más bajas

# AAMC – GQ – ÁREAS/TEMAS DE MALTRATO

(CONT.)

## Género

- Negar oportunidades
- Evaluación más exigente
- Humillar

## Orientación Sexual

- Ofender o humillar
- Negar oportunidades
- Evaluar de forma más baja

# ÁREAS/TEMAS DE MALTRATO (CONT.)

Humillación y abuso verbal – desde 1999 es la forma más común de maltrato

(Virtual Mentor, March, 2014, Vol. 16(3):155-160).



# TRASFONDO DEL PROBLEMA

**1990**

- ✓ **46.4 %** en algún momento fue maltratado
- ✓ **47.1 %** han tenido experiencias con maltrato o abuso por lo menos una vez durante sus años de estudio en una Escuela de Medicina. (Silver.Henry – JAMA,1990).

**2000 – 2011**

- ✓ entre el 12% y 20% informaron algún tipo de maltrato – 1,200 - 2,800 estudiantes por año – (AAMC- GQs)

# TRASFONDO TRASFONDO DEL PROBLEMA (CONT.)

**2012**

- ✓ **47.2%** en algún momento fue maltratado – (AAMC – Graduation Questionnaires (GQs) – AMA Journal Ethics)

**2012**

- ✓ Se presenta por primera vez la cultura del bullying – Pauline Chen's – *The Bullying Culture of Medical School- The New York Time, August,9,2012.*

WELL  
GNC to Strengthen  
Supplement Quality  
Controls

WELL  
Teenagers Face Early  
Death, on Their Terms

GLOBAL HEALTH  
Fluoridated Water Helps Older Adults  
Keep Teeth, Study Says

New York State's Medical Marijuana  
Rules Shaping Up as Unusually  
Restrictive

Germanwings Crash  
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## The Bullying Culture of Medical School

By PAULINE W. CHEN, M.D. AUGUST 9, 2012 12:00 PM 1075 Comments



Odilon Dimier/PhotoAlto via Getty Images

Email

Powerfully built and with the face of a boxer, he cast a bone-chilling shadow wherever he went in the hospital.

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# TRASFONDO TRASFONDO DEL PROBLEMA (CONT.)

**2013**

- ✓ **42.1%** en algún momento fue maltratado – (AAMC – Graduation Questionnaires (GQs) – AMA Journal of Ethics)

**2015**

- ✓ **Escuela de Medicina, RCM**

## TRASFONDO DEL PROBLEMA: 2017 MEDICAL SCHOOL GRADUATION QUESTIONNAIRE

		All Schools				
		2013	2014	2015	2016	2017
37.	Are you aware that your school has policies regarding the mistreatment of medical students?	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
	Yes	88.2	93.3	94.5	95.7	97.0
	No	11.8	6.7	5.5	4.3	3.0
	Number of respondents	13,192	13,515	13,954	13,920	14,409
38.	Do you know the procedures at your school for reporting the mistreatment of medical students?	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
	Yes	71.7	78.6	80.8	82.3	86.1
	No	28.3	21.4	19.2	17.7	13.9
	Number of respondents	13,160	13,510	13,954	13,927	14,402

# TRASFONDO DEL PROBLEMA: ARTÍCULOS

## Theoretical perspectives in medical education: past experience and future possibilities

Karen V Mann



Author Manuscript

### HHS Public Access

Author manuscript

*Med Teach*. Author manuscript; available in PMC 2015 April 16.

Published in final edited form as:

*Med Teach*. 2013 ; 35(3): e998–1002. doi:10.3109/0142159X.2012.733455.

Relationship between medical student perceptions of

ARTICLE

## Why Medical Schools Are Tolerant of Unethical Behavior

Role Modeling in Physicians' Professional Formation:  
Reconsidering an Essential but Untapped  
Educational Strategy

Learning About Medical Student  
Mistreatment From Responses to the Medical  
School Graduation Questionnaire

When the Learning Environment Is  
Suboptimal: Exploring Medical Students'  
Perceptions of "Mistreatment"

Mistreatment of Students and Residents:  
Why Can't We Just Be Nice?

*Med Educ*. 2011 Jan;45(1):81-6. doi: 10.1111/j.1365-2923.2010.03738.x.

Increasing the quality and capacity of education: the challenge for the 21st century.

# TRASFONDO DEL PROBLEMA: ARTÍCULOS

Faculty Development

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## **Decoding the Learning Environment of Medical Education: A Hidden Curriculum Perspective for Faculty Development**

Janet P. Hafler, EdD, Allison R. Ownby, PhD, Britta M. Thompson, PhD, Carl E. Fasser, Kevin Grigsby, DSW, Paul Haidet, MD, MPH, Marc J. Kahn, MD, and Frederic W. Hafferty, PhD



## **Faculty Experiences with Bullying in Higher Education** Causes, Consequences, and Management

## **Eradicating Medical Student Mistreatment: A Longitudinal Study of One Institution's Efforts**

## **Appropriate Treatment in Medicine (ATM)**

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## **A Compendium on Medical Student Mistreatment**

# ¿CUÁL ES LA RAÍZ DEL PROBLEMA?

- Jerarquía de poder inherente a la relación profesor – estudiante
- Presión del sistema de salud
- Se desconoce aún

(Virtual Mentor, AMA Journal of Ethics. March, 2014, Vol. 16(3): 155-160)



¿? ¿?

¿Cómo se puede evitar? ¿Cómo puedo trabajar con el problema?

# AMBIENTE DE APRENDIZAJE

Un ambiente de aprendizaje saludable

# AMBIENTE DE APRENDIZAJE

**¿Qué es ambiente de aprendizaje? Es un todo, es la Escuela.**



# AMBIENTE DE APRENDIZAJE (CONT.)

- *The medical **learning environment** is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes is enhanced and, indeed, based on the presence of **mutual respect between teacher and learner**. Characteristics of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process (GSA: Students Mistreatment Guidelines).*

# AMBIENTE DE APRENDIZAJE (CONT.)

- El fin es ayudar a desarrollar destrezas profesionales y clínicas que los ayuden en su relación médico paciente, desarrollar profesionalismo y ética en la practica de la medicina. <https://md.rcm.upr.edu/mission-vision-values/>
- Lo que se busca es la **calidad de la enseñanza** en la Escuela de Medicina.
- Cuando una persona de poder intimida se crea un ambiente de miedo ( JAMA, 2016)

# AMBIENTE DE APRENDIZAJE (CONT.)

*Important next steps for eradicating mistreatment include the clear declaration of intent across medical education, and the institutions that serve this mission, to provide, maintain, and **support learning environments that are rooted in respect for all patients, learners, teachers, and team members.** This can be accomplished with support from the AAMC, the AMA and other organizations that have taken leadership in addressing these concerns (Academic Medicine, Vol. 89, No. 5 / May 2014).*

# TEORÍAS DE APRENDIZAJE

- Teorías de aprendizajes - **impactan** en el **proceso de enseñanza y aprendizaje**. Guían el diseño del currículo e instrucción, entender el mensaje, el expertis y las decisiones clínicas.
- **Perspectiva cognitiva** es una de las más que a influenciado. El fundamento teórico del aprendizaje basado en problema (problem base learning (PBL) es congruente con esta orientación cognitiva.

# TEORÍAS DE APRENDIZAJE (CONT.)

*Medical education today es understood as more than the acquisition of knowledge, skills and attitude, it is, at heart, the **construction of a professional identity**, the **transformation of the entering individual** from lay person **to professional**, a transformation which may be more intense at the level of undergraduate and postgraduate medical education, but which does not stop there. **Transformation and learning are lifelong** (Mann, k. 2011- Medical Education).*



# CÓMO SE PUEDE EVITAR. CÓMO PUEDO TRABAJAR CON EL PROBLEMA

- Alertar
- Desarrollar tolerancia a la diversidad
- Cambiar la cultura – “*transgenerational legacy*”

*“ I think the problem is that, for a long time, this behavior has been condoned in academia, not because anyone has said it’s ok, but because everyone shrugs their shoulders, and they look the other way”. When you talk to older physicians, they say, **Its part of the culture. I went through it, and you get over it**” (AAMC Reporter: September, 2012)*

# CÓMO SE PUEDE EVITAR. CÓMO PUEDO TRABAJAR CON EL PROBLEMA (CONT.)

JAMA Professionalism: Medical Student Mistreatment (2016)

## Bottom Line

1. Respectful communication with students and all members of the health care team is critically important to learning and to high-quality patient care.
2. Comments and behaviors that humiliate or shame others are unprofessional, regardless of the intent behind those behaviors. In addition to being unprofessional, these behaviors interfere with learning and critical thinking.
3. When disrespectful communication occurs, team members should speak up to point out the impact of the disrespectful communication. Being silent and ignoring the behavior is not appropriate.
4. Given the challenge of confronting others who are engaged in unprofessional behavior, educational programs should design and implement strategies for training everyone to address these behaviors when they arise. All teaching institutions have an ombudsman and designated institutional official (DIO) whom students and residents can turn to if harassed and not fear retribution.

# CÓMO SE PUEDE EVITAR. CÓMO PUEDO TRABAJAR CON EL PROBLEMA (CONT.)

- Utilizar los recursos que tiene la Escuela y la Institución.
- Servicios
- Reglamentos y Certificaciones

# CÓMO SE PUEDE EVITAR. CÓMO PUEDO TRABAJAR CON EL PROBLEMA (CONT.) RECURSOS

- Oficina para Asuntos Estudiantiles
- Servicios Psicológicos
- Oficina del Decano/a Asociado/a
- CECSi
- Oficina de la Procuraduría Estudiantil

# RECURSOS QUE SE TIENEN PARA MANEJAR LA SITUACIÓN:


- Process of Reporting Unprofessional Behavior or Mistreatment at the University of Puerto Rico – School of Medicine
- Reglamento de Estudiantes de la UPR <http://de.rcm.upr.edu/Docs/Reglamento-General-Estudiantes-UPR.pdf>
- Deberes, Responsabilidades y Derechos de los Estudiantes – Certificación 016, 2011-2012, SA, RCM <http://de.rcm.upr.edu/Docs/NormasYPolíticas/Derechos-y-Deberes-del-Estudiante.pdf>

# RECURSOS QUE SE TIENEN PARA MANEJAR LA SITUACIÓN:

- Normas para Adelantar o Posponer Exámenes y Actividades Académicas a Estudiantes en Situaciones Especiales – Certificación 029, 2013-2014, SA, RCM [http://de.rcm.upr.edu/Docs/normas\\_adelantar\\_postponer\\_examenes\\_actividades.pdf](http://de.rcm.upr.edu/Docs/normas_adelantar_postponer_examenes_actividades.pdf)
- Deberes, Responsabilidades y Derechos del Profesor en relación al estudiante – Certificación 078, 2010-2011, SA, RCM



## **Ejercicio: Vignettes**



*“La verdadera profesión, a la cual todos los demás deben de remitirse y sin la cual ninguna de las demás vale gran cosa, es la profesión de ser seres humanos; gente en disponibilidad de aprender, para crear, para ser generoso con el semejante y exigente consigo mismo”.*

**Jaime Benítez**



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¡Gracias!