Strategies to Mitigate and Eradicate Student Mistreatment on Clinical Rotations

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Learning Objectives

Define

• Types of student mistreatment that contribute to unfavorable learning environments.

Identify

• Preventative and remediation strategies to mitigate and eradicate student mistreatment.

Discuss

• Quality assurance measures to monitor preceptor compliance.
Types of Student Mistreatment

*Not an all inclusive list

<table>
<thead>
<tr>
<th>Discrimination</th>
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<tbody>
<tr>
<td>Sexual harassment</td>
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<tr>
<td>Subject to offensive, racial, political, religious remarks</td>
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<tr>
<td>Irreverent, obscene behavior</td>
</tr>
<tr>
<td>Public humiliation, embarrassment, belittlement</td>
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<tr>
<td>Spoken to in a condescending/insulting tone</td>
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<tr>
<td>Exclusion/neglect</td>
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<tr>
<td>Passive aggressive behavior</td>
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<tr>
<td>Engagement in non-academic activities (e.g., perform personal services)</td>
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Effects of Student Mistreatment

HINDERS EDUCATIONAL EXPERIENCE $^{2,7}$

IMPEDES GROWTH POTENTIAL

NEGATIVELY AFFECTS STUDENTS’ WELL-BEING $^{1-3, 8, 9}$
Clinical Education Challenge

Student Mistreatment is pervasive, problematic, and unacceptable.\textsuperscript{1, 3, 4, 7}

The immediate discontinuation of a preceptor may not be desirable in light of a solid educational experience (e.g., active participation, good patient volume, strong breadth and depth of exposure, etc.) and the shortage of clinical sites and preceptors.

Preceptors with egregious behavior or repeat offenses, despite remedial actions, should be discontinued.
Focused Discussion

Purpose

• Promote an exchange of innovative ideas to equip prospective and veteran PA programs with tools and resources to approach ill-behaved preceptors and address unfavorable learning environments.

Goal

• Preserve the program-preceptor relationship.
• Maintain high quality clinical rotations.

Objective

• Safeguard the integrity of the educational experience and students’ well-being.
Preventative Strategies

- Preceptor Orientation
- Preceptor Manual
- Mistreatment Policy
- Educational Interventions
- Surveillance via Evaluations

Aim to raise awareness, promote empowerment, support advocacy
Preceptor Orientation Topics

Overview of PA profession

Role of Supervised Clinical Practice Experience (SCPE)

Optimal Learning Environment ¹⁰

21ˢᵗ Century Learner
Mistreatment Policy Topics

- Provide policy rationale
- Outline teacher-learner relationship/expectations
- Define mistreatment
- Outline safe reporting avenues (i.e., direct, online incident form, evaluation)
- Detail investigative protocols
- Describe enforcement and monitoring actions
Educational Interventions

Professional Training/Workshops/Seminars 4, 8, 9

Disseminate HR modules (Conflict Management)

Student/Faculty Resources 8

Reflect on video, audio, written clinical scenarios; incorporate role playing 4, 8

Provide effective communication strategies to navigate difficult conversations/sensitive topics 8
Cases of Student Mistreatment
Case # 1

**Issue**
- Engagement in non-academic activities (e.g., perform personal services for preceptor)

**Action**
- Phone meeting
- Communicated feedback and impact
- Reiterated rotation expectations
- Actively monitored

**Outcome**
- Behavior corrected
- Continue to utilize preceptor/site
- Improvement in preceptor evaluation score by students
Case # 2

**Issue**
- Condescending
- Intimidating
- Difficult learning environment

**Action**
- Site visit
- Assigned PA as primary preceptor
- Preferential student scheduling

**Outcome**
- Negative behavior continued
- Discussed continued concerns
- Discontinued preceptor/site
Case # 3

Issue
- Subject to offensive, sexist, racial, political, religious remarks

Action
- Phone meeting
- Advised of concerns and impact
- Reiterated rotation expectations
- Actively monitored

Outcome
- Behavior corrected
- Continue to use preceptor/site
- Evaluations remain above benchmark
# Case # 4

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>• Harsh criticism</td>
<td>• In person meeting</td>
<td>• Preceptor receptive to feedback</td>
</tr>
<tr>
<td>• Belittlement</td>
<td>• Advocated for constructive feedback and tailored approach to learners</td>
<td>• Continue to use and closely monitor site</td>
</tr>
<tr>
<td>• Impatient</td>
<td></td>
<td>• Follow-up site visit in 3 months</td>
</tr>
<tr>
<td>• Uncomfortable learning environment</td>
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- Preceptor receptive to feedback
- Continue to use and closely monitor site
- Follow-up site visit in 3 months
Case # 5

Issue
- Disrespectful and insulting to students

Action
- Phone meeting
- Identified challenges/barriers
- Attempted to alleviate preceptor burdens

Outcome
- Actively monitored
- Preceptor elected to discontinue precepting students
Attendee Participation
Open Forum

Case 1 - Engagement in Non-Academic Activities
Case 2 - Intimidation
Case 3 - Offensive Remarks
Case 4 - Harsh Criticism
Case 5 - Insulting Tone/Belittlement

1. Reflect on your assigned case of student mistreatment.
2. Collaborate on actions you have employed, or would consider, to address the student mistreatment.
3. Share your approach and any innovative remediation strategies with the audience.
Identifying Factors That May Contribute To Mistreatment

*Not an all inclusive list

<table>
<thead>
<tr>
<th>Hierarchy</th>
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<tbody>
<tr>
<td>Administrative burdens</td>
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<tr>
<td>Poor team dynamics</td>
</tr>
<tr>
<td>Healthcare demands</td>
</tr>
<tr>
<td>High stress environments</td>
</tr>
<tr>
<td>Lack of support and resources</td>
</tr>
<tr>
<td>Personal/Life stressors</td>
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Remediation Strategies

- Aim for timely discussion
- Share provider responsibilities
- Suggest adjunct clinical activities
- Decrease # of students at site
- Propose a student free rotation
- Shift student schedules
- Implement a Remediation Action Plan 5, 8
Quality Assurance Measures

- Request student feedback
- Perform unannounced site visits
- Flag student evaluations
- Monitor EOR performance
- Track preceptor scores
Set the Stage for Clinical Excellence

RESOURCES TO MITIGATE AND ERADICATE STUDENT MISTREATMENT ON CLINICAL ROTATIONS
## Optimal Learning Environment

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>Create</td>
<td>space for learning</td>
</tr>
<tr>
<td>Prepare</td>
<td>staff and patients</td>
</tr>
<tr>
<td>Orient</td>
<td>student to your practice</td>
</tr>
<tr>
<td>Discuss</td>
<td>expectations of rotation</td>
</tr>
<tr>
<td>Consider</td>
<td>level of learner and previous healthcare experience</td>
</tr>
<tr>
<td>Review</td>
<td>rotation goals and student’s goals</td>
</tr>
<tr>
<td>Maintain</td>
<td>open communication</td>
</tr>
<tr>
<td>Provide</td>
<td>concrete illustrations</td>
</tr>
<tr>
<td>Allow</td>
<td>time for student self-reflection and preceptor feedback</td>
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# Mistreatment Actions: Best Practices

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>Field</td>
<td>the case and acknowledge student concerns</td>
</tr>
<tr>
<td>Notify</td>
<td>HR, Title IX, Faculty Affairs as appropriate</td>
</tr>
<tr>
<td>Review</td>
<td>prior student evaluations of preceptor/site</td>
</tr>
<tr>
<td>Solicit</td>
<td>feedback from prior students/other programs to identify themes</td>
</tr>
<tr>
<td>Contact</td>
<td>preceptor and deliver student feedback</td>
</tr>
<tr>
<td>Provide</td>
<td>constructive corrective feedback (format/verbiage)</td>
</tr>
<tr>
<td>Implement</td>
<td>remediation strategies (early intervention)</td>
</tr>
<tr>
<td>Develop</td>
<td>Quality Improvement Plan</td>
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<tr>
<td>Follow-up</td>
<td>with student (close the loop)</td>
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## Difficult Conversations: Strategic Plan

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<tr>
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<tbody>
<tr>
<td>Set</td>
<td>the stage and be direct with feedback</td>
</tr>
<tr>
<td>State</td>
<td>the facts (incidents); avoid personal attacks</td>
</tr>
<tr>
<td>Relay</td>
<td>the impact the issue has on the learner</td>
</tr>
<tr>
<td>Request</td>
<td>preceptor perspective</td>
</tr>
<tr>
<td>Rephrase</td>
<td>your understanding of the preceptor’s perspective</td>
</tr>
<tr>
<td>Collaborate</td>
<td>on strategies to promote improvement</td>
</tr>
<tr>
<td>Summarize</td>
<td>the conversation</td>
</tr>
<tr>
<td>Schedule</td>
<td>a date in due course to re-evaluate</td>
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Conflict is challenging, frustrating, distracting, and inevitable, but may afford clarity and growth.
Our goal as PA educators is to educate and mentor students to function in a dynamic healthcare field. A healthy learning environment is necessary for students’ personal and professional growth. It is incumbent upon PA programs to identify and address barriers that may interfere with students’ development of clinical and professional competencies.
STRATEGIC PLAN FOR DIFFICULT CONVERSATIONS

APPROACHING PRECEPTORS WHEN STUDENT MISTREATMENT HAS BEEN IDENTIFIED

SET THE STAGE AND BE DIRECT WITH FEEDBACK
“I have received student feedback that is uncomfortable to share.”

STATE THE FACTS (INCIDENTS); AVOID PERSONAL ATTACKS
“Student evaluation of the rotation site/preceptor has reported…”

RELAY THE IMPACT THE ISSUE HAS ON THE LEARNER
“This type of environment hinders the educational experience, impedes growth, and negatively affects students’ well-being.”

REQUEST PRECEPTOR PERSPECTIVE
“I’d like to hear your perspective on this situation…”

“Do you feel there are any exacerbating factors affecting the learning environment?”

REPHRASE YOUR UNDERSTANDING OF THE PRECEPTOR’S PERSPECTIVE
“From what I understand…”

COLLABORATE ON STRATEGIES TO PROMOTE IMPROVEMENT
“Let’s devise a plan to help improve the learning environment.”

SUMMARIZE THE CONVERSATION

SCHEDULE A DATE IN DUE COURSE TO RE-EVALUATE
“I’d like to touch base again…”

The learning environment on clinical rotations influences students’ values, actions, concepts of professionalism, and development of professional identities. Humiliation, belittlement, discrimination, sexual harassment and other forms of student mistreatment are demoralizing and not exemplary of a positive or professional learning environment.

Cases of Student Mistreatment

Case 1 - Engagement in Non-Academic Activities
Case 2 - Intimidation
Case 3 - Offensive Remarks
Case 4 - Harsh Criticism
Case 5 - Insulting Tone/Belittlement
References


