Original Article

Acknowledging medical students' reports of intimidation and humiliation by their teachers in hospitals

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Acknowledging medical students' reports of intimidation and humiliation by their teachers in hospitals

What is already known on this topic

1. Research into intimidation, abuse and teaching by humiliation of medical students and young doctors has described its prevalence, characteristics and effects.
2. The nature of this behavior is often more subtle than it was in the past.
3. Humiliation and intimidation frequently occurs as doctors ask questions of medical students and young doctors.

What this paper adds

1. The contemporary Australian medical student voice is presented in this study.
2. Intimidation and humiliation are still widespread, even in Australian paediatrics settings.
3. Students identify the source of this behaviour in the traditions of medical culture.

Abstract

Aim: The continuing existence of 'teaching by humiliation' of medical students and junior doctors in Australia has recently been highlighted in a number of research publications and media reports. This study investigates medical

students' experiences of being intimidated or humiliated during their clinical rotations in Australian hospitals in paediatrics and adult medicine.

Methods: From factors identified in earlier research, a two page survey was developed for administration at two Australian medical schools. Administered in semester 2 2014, students were invited to add their own free text comments at the conclusion of 17 closed questions. Using thematic analysis of the qualitative data, the researchers identified the common themes in the students' free-text comments, which are reported in this paper.

Results: We found five main themes in the qualitative data: a spectrum of interpretations of and responses to 'teaching by humiliation', an accepted means of enculturating the young, teachers' techniques for asking questions, the victims and perpetrators of mistreatment, and the variance of prevalence in different contexts.

Conclusion: Research shows the persistence of 'teaching by humiliation', even in paediatrics, particularly when doctors are questioning students in ways that shame them for their lack of knowledge. Given the many personal and professional costs of these practices, this cycle of mistreatment needs to be brought to an end. There is a need for students' reports of intimidation and humiliation to be acknowledged, the offending practices need to be interrupted, and more effective and respectful approaches to teaching need to be adopted.

Introduction

In 2015 considerable attention was drawn to the abuse and humiliation of medical students and junior doctors in Australia. Conversation was stimulated by papers in the national medical journal^{1,2} and articles in national academic and health blogs.³⁻⁵ Anecdotally, it has surprised many that mistreatment of the young in the medical profession persists, yet research in medical education based in paediatrics has for some time highlighted the prevalence of 'teaching by humiliation' and mistreatment of students,^{6,7} and has provided a better understanding of what constitutes and contributes to the abuse of medical students in hospitals.

Our recent review of the literature drew attention to international research and commentary on these practices since 1990.⁷ We outlined evidence of the prevalence and extent of the problem, specific behaviour encompassed by the terms 'abuse', 'mistreatment', 'intimidation' and 'teaching by humiliation', possible explanations, the perpetrators and the effects on individuals and groups of victims. Humiliation arises out of a hierarchical and competitive medical education culture where students learn the implicit rules of survival.^{6,8-10} Through the hidden curriculum, students come to know their place in the hierarchy, then contribute to sustaining the dominant culture of medicine.^{11,12} A cycle of abuse means victims become perpetrators.^{10,13,14,15}

In contemporary medical education 'teaching by humiliation' commonly occurs through use of a questioning technique known as 'pimping' or 'grilling'.¹⁶ Here, teachers ask students questions in an aggressive manner intending to highlight

gaps in their knowledge, with the aim of publicly shaming them. Considered an abuse of the Socratic method, it is in contrast to the preferable approach of engaging students through questioning, building on prior learning and facilitating knowledge sharing among students.

We have previously reported the findings of our 2014 pilot study into students' perspectives on the extent of mistreatment of medical students at two Australian universities.² Abuse, mistreatment and humiliation were shown to be widespread across a range of settings, including paediatrics. Here we report the in-depth analysis of the qualitative data obtained from students' comments in that study to elaborate a fuller understanding of the students' experiences in paediatrics and adult medicine.

Methods

This pilot study was conducted in Semester 2, 2014 with a convenience sample of medical students completing their paediatrics rotation in the final, clinical-based stage of their degree. The Sydney Medical School students (n=68) were at the end of Year 3 and the Melbourne Medical School students (n=78) were at the end of Year 4.

Data were collected via a two-page paper-based survey, where survey items were based on factors identified in earlier research.¹⁷⁻²² Of the 19 questions, 17 were binary yes/no questions, one had provision for limited free text and one

was an open question. Students' free text responses to the open question, reported here, were analysed using a grounded theory approach.²³

The initial data analysis was conducted separately by two researchers using the constant comparison process to identify extant themes. A qualitative data analysis framework was compiled by JB. The researchers then compared their analyses, refining the framework, themes and coding through discussion until all data were coded and agreement was reached. The resulting themes are outlined below with illustrative quotations.

Results

One hundred and forty-six of the 151 students (97%) available to participate in the study completed the survey. Fifty-five of the respondents added free text comments. In our previous publication we briefly outlined the five main themes in those comments.² Here we elaborate these themes to illustrate the spectrum of students' responses, their efforts to explain and locate 'teaching by humiliation' and the effects they described.

Spectrum of responses

The students' comments demonstrated a broad spectrum of responses to 'teaching by humiliation'. For some, it was completely unacceptable for teachers to use humiliating and belittling practices, so, as one student wrote, it was '*great that this issue is finally being addressed*'. Another reported a personal experience of belittling behaviour in a paediatrics hospital:

"Had this interaction a few weeks ago at [this hospital] ... Me: 'Hello, my name is xxx. This is my first week of paediatrics'. Doctor: 'I don't care. I'm still going to punish you', [I] then endured endless questioning ('grilling') in front of patients and parents with 'wow, can't believe you don't know that' and sympathetic smiles from parents along the way. Had MANY other similar experiences. A lot of 'this new curriculum is terrible! You guys don't know anything.'"

Students at the other end of the spectrum accepted the legitimacy of 'teaching by humiliation':

"I don't have any objection to 'TBH', in fact I think it's quite effective."

Most students' views of practices encompassed by the expression 'teaching by humiliation' lay between these extremes and were less categorical. The practices were perceived by some as unpleasant but effective for learning:

"Teaching OFTEN involves intimidation more than humiliation. I described it as sometimes beneficial because it creates stronger memories of content discussed. As for rude staff: yes, of course, not everyone is always sunshine."

When contrasting 'teaching by humiliation' to other experiences as learners, some considered the advantages and disadvantages:

"I have said that 'teaching by humiliation' is helpful. To clarify: it is better than the times where doctors act like you're not even there and don't teach you at all. And some of the 'teaching by humiliation' you do actually remember. But there are certainly far better ways to teach in my opinion."

Other students excused the practices, given the busy hospital/medical context, with its hierarchical structure:

"I think it's less of a teaching method and more just tired/busy people being stuck with students they don't want and are just annoyed or enjoy having someone below them."

And still others see it from the point of view of the individual personality and conclude:

"Obviously everyone has different thresholds for what they consider humiliation."

Similarly, one student accepted responsibility for the experience:

"As a medical student I feel easily intimidated and I think that that is a reflection of how I am rather than how the doctors approach it."

An accepted means of enculturating the young

Students observed that teaching by humiliation or intimidation was a cultural, institutionalised practice. Some noted that the practices 'still' remain, highlighting that they have been known about for some time:

"I believe that humiliation and 'quizzing' students does still occur, but nowhere near as bad as it used to be. I still felt safe and comfortable in MOST clinical environments."

Other students distinguished current forms of student mistreatment as subtle rather than overt, deeming them part of the medical culture:

"It is more of a subtle condescending than overt hostility. Or apathy or subtle bullying. I get the feeling it is culturally ingrained and perpetuated."

One student noted these ingrained practices are accepted within the medical culture:

"I think that this 'teaching by humiliation' is definitely still part of the medical culture and considered acceptable behaviour."

Furthermore, one student saw the behaviour as vindictive, a chance for doctors "to get their own back" as they gained seniority and power. On a similar line of argument, another student suggested that it "supports the ego of the teacher while obviating that of the student."

Questioning

A number of students reported that teachers are most likely to humiliate and intimidate through their questioning technique. Many described the stress that such questioning produces, highlighting its lack of effectiveness as a teaching technique. One student wrote:

"Most of my experiences of this has been with questions asked in intimidating ways and I find I can't answer properly in these cases even if I know the answer - probably because of the added pressure of expectations."

Another student reported that it was being tested in public that was humiliating, but distinguished this from other forms of mistreatment:

"It is 'humiliating' to be put on the spot and have your knowledge and understanding tested publicly, but I find it to be a fantastic way to learn and consolidate. Rudeness and insults, however, should have no place in this method."

In their comments about humiliation being encased in questioning technique, many students observed the connection with doctors' lack of teaching expertise. Students suggested teachers could use a more positive approach:

"Teaching by humiliation might 'work' as you learn not to make a mistake again, but I don't think it is necessary. The same objective could be reached by more supportive means."

Some students drew attention to doctors' intentions in asking questions, suggesting that some used it to shame students by highlighting their lack of knowledge, rather than building on prior learning and facilitating an interchange of knowledge. One student reported:

"Sometimes doctors ask questions in a way that they know you'll say the wrong answer, and it's humiliating when they make you realize what you said didn't make any sense. It would be better if they were more direct about you being wrong."

Many of the students' comments showed their struggle to understand teachers' motives and intentions underlying this form of aggressive questioning technique. They drew conclusions based on how the practices made them feel:

"I understand they think it's good for character and 'learning' but it just demoralizes you and makes you feel defeated and disheartened and not want to show up. Big confidence blow."

It was in this hot action of asking questions and responding that teachers were most commonly seen to mistreat students. The types of negative effects of abusive, humiliating and intimidating practices were many. Some students reported the impact on their approach to learning. One wrote that he/she *"definitely felt apprehensive in attending those particular sessions."* Another wrote that such experiences had *"a negative impact on seeking future learning opportunities."*

A broader issue was the effect these experiences had on the way students thought about their career. One wrote:

"Had I known it was like this I never would have given up a good job that I loved to do medicine."

Victims and perpetrators

Students' comments demonstrated that all staff groups were involved in 'teaching by humiliation'. Junior medical staff were seen to be abused as often and perhaps more vociferously than medical students, but they were also the

abusers of students. Some students thought that it was older medical students and older trainees (registrars more than interns) who were abused more often by senior doctors, and that the nature of the abuse of junior staff was different.

One student reported that it:

"happens to more junior staff. Senior staff are much ruder, yell and swear at them, not at students so much."

Students also reported rudeness directed towards parents of paediatric patients:

"I witnessed a senior specialist medical staff (professor) was rude/not acknowledging to parents, who were devastated and anxious about their kid. Didn't even make eye contact with the mother. What kind of doctor is he?"

Contexts

Some students noted that it was in urban hospitals and adult rotations that these practices were more common, but some also highlighted particular experiences in paediatrics. We quoted above one student's citation of a demeaning conversation with a teacher in paediatrics. Another student compared the settings this way:

"On the whole, I found the teaching at the [paediatrics] hospital involved much less 'teaching by humiliation' than any experience in adult hospitals. I find that less than teaching by humiliation, the rudeness I commonly face is simply to do with being acknowledged by medical staff and being included (either with verbal or non-verbal communication). This has been as much an issue at [paediatrics hospital] than at adult hospitals."

Another student commented on having experienced little 'teaching by humiliation' and that it had "*only occurred once*" in the paediatrics rotation.

Discussion

This survey-based study of 146 students in two Australian medical schools generated a contemporary understanding of 'teaching by humiliation'. Analysis of the students' open text comments revealed that while some students accept or ignore humiliating and intimidating teaching practices,²⁴ others appreciate the motivating effect it has and others are appalled by it. Some were concerned about physicians' rudeness to parents of paediatric patients, in line with findings of students disturbed after witnessing rudeness to adult patients.²⁵

The students observed that teachers in all settings are given to these practices, although more in urban and adult hospitals. In seeking explanations, some students concluded that teachers use intimidation and humiliation because they do not have a reliable range of more effective teaching skills.^{8,17,24,26} Others concluded that these practices have become entrenched in the hierarchical culture of medicine over generations.^{13,14,24,27}

As noted earlier, our papers reporting on the literature review and the quantitative data in the survey were serendipitously published at a time of significant media and academic attention to individual stories of abuse in medicine. Since then, research has been undertaken by health services, as well as by some medical colleges and the Australian Medical Students Association.

From across the quantum of students' free text comments reported in this article, it is clear that 'teaching by humiliation' and intimidation occur predominantly when medical teachers are involved in asking questions and responding to students' answers. The students gave accounts of being demoralised when teachers grilled them with the intention of intimidating them and highlighting their lack of knowledge. This teaching method, also known as 'pimping', has been reported previously in medical education.¹⁶

Providing professional development for teachers to become better informed and more expert teaching practitioners is essential. Teachers with expertise in questioning skills start with critical awareness of their intentions. They are able to identify their intention to find out what students don't know in order to teach them or draw out their knowledge to build on prior learning. In both cases, they respond appropriately to the student's appropriate and reasonable lack of knowledge. This expertise is required for teachers at all levels of seniority.

What is also needed is an acknowledgement that mistreatment of students is still occurring,^{28,29,30,31} Internationally, evidence exists to support the claim that students in all health settings are vulnerable to destructive behaviour by those they depend upon.³² The effects of mistreatment and 'teaching by humiliation' have been well documented and include suicide, depression, alcohol and drug dependency, and career change.^{7,29,33,34} Students in our study admitted avoiding tutorials with teachers who engage in 'teaching by humiliation' and one regretted having pursued a career in medicine,⁸ while other research found

some mistreated students reconsider career plans.¹² In the face of such evidence, these reports cannot be dismissed as being from students who are overly sensitive, dismissive of honest feedback, do not know enough or need to toughen up because medicine is a tough job.

Conclusion

Recent reports of mistreatment of medical students and junior doctors in Australia and around the world highlight the persistence of 'teaching by humiliation', even in paediatrics. Predominantly, mistreatment occurs when doctors are questioning students and it is suspected that the intention is to shame students by highlighting their lack of knowledge. Although some students can withstand these practices, others are devastated, avoid tutorials and change career track. The cycle of mistreatment will end when it is acknowledged, interrupted and addressed through new, respectful approaches to teaching.

Ethics

The research was approved by the University of Melbourne's Human Research Ethics Committee (HREC protocol 1340653) and endorsed by the University of Sydney's Human Research Ethics Committee.

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