

## Adding Insult to Injury: Resident Mistreatment in Emergency Medicine

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When considering the state of resident mistreatment in emergency medicine (EM), the idiom “to add insult to injury” comes to mind. At this point in 2023, it is well-known by most in the field that interest in EM has significantly declined over the past couple of years, as seen through the Match. Yet, those medical students who have a passion for EM and have worked hard to obtain a spot in their dream program come to experience discrimination and abuse after entering residency.<sup>1</sup> For residents who are underrepresented in medicine, this issue is unfortunately exacerbated, and there are chilling accounts of just how severe an impact discrimination can have on one’s residency experience.<sup>2,3</sup>

Continued mistreatment of residents at a systemic level is not only unacceptable, but, in the setting of already low interest, is just not good business either. How deep is this problem, and what can be done to develop a diverse EM workforce that is free from mistreatment?

Few studies have dared to explore mistreatment in EM residency programs, but the ones that have produced depressing results. A study that surveyed over 7,600 EM residents found that nearly half reported exposure workplace mistreatment (such as discrimination, abuse, or harassment) within the previous academic year.<sup>1</sup> Types of mistreatment included discrimination based on gender, sexual orientation, pregnancy/childcare status, and race/ethnicity, as well as verbal/emotional abuse, physical abuse, and sexual harassment. While in the majority of cases patients or the patients’ family members were the sources of the mistreatment, the

amount of mistreatment coming from attendings, residents/fellows, and nurses or other staff is still alarming. This mistreatment comes with serious consequences—both suicidal thoughts and burnout have been associated with the frequent mistreatment of residents.<sup>4</sup>



It is simply necessary, then, that EM recruit more diverse physicians who better represent the population our field serves, while also creating an environment where trainees are treated fairly and discrimination is truly minimized to the greatest extent possible. There has been considerable effort put into determining how these two goals can be achieved. Focused recruiting on interview days, implicit bias training, and formal mentorship opportunities have all previously been successful in increasing diversity in residency training programs.<sup>5</sup> However, diversity may be increased further by focusing on holistic application review, allyship training, and social media recruitment strategies.<sup>5</sup> At the Highland EM Residency Program, a two-fold increase in underrepresented minority residents was

achieved through a more holistic application review process, robust diversity committee, and diversity applicant week.<sup>6</sup> However, diversification of EM is only half the battle. As it pertains to mistreatment of residents (especially those underrepresented residents), several measures have been identified. Education on responding to events of mistreatment, intentionality training, zero tolerance policies, and clear reporting instructions are just a few ways that EM training programs can make progress.<sup>7</sup>

AAEM prides itself as the champion of the emergency physician. This includes every emergency physician. The AAEM Justice, Equity, Diversity, and Inclusion (JEDI-AAEM) Section has heard the concerns of the mistreated and is committed to ensuring that prejudice and discrimination in residency programs are not tolerated. We encourage you to review our publication, the “AAEM Position Statement on GME Response to Resident Discrimination,” which outlines our recommendations for increasing diversity and reducing mistreatment in the training environment. We also encourage you to consider joining our Section as we work to advocate for diversity, equity, and inclusion on a large-scale.

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Residents are not a means to an end, cogs in the healthcare machine. Rather, they are ends in themselves that deserve to be supported and looked after with intent and care. It is the responsibility of everyone in emergency medicine to rally behind our trainees who are the future of the specialty. This starts with creating programs and hospitals that prioritize and celebrate the individual resident and their wellbeing throughout their training.

#### **ACKNOWLEDGMENT:**

MedJEM acknowledges AAEM & its “Common Sense” newsletter for their support.

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