



## **EAST MULTICENTER STUDY PROPOSAL**

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### **GENERAL INFORMATION**

**Study Title:**

**Use of a Validated Tool to Screen for Interpersonal Violence, Harassment and Discrimination among Surgery Residents**

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### **BACKGROUND AND SIGNIFICANCE**

Research has shown that verbal or physical abuse, harassment and discrimination is not uncommon among physicians during their training.<sup>1,2</sup> This can be subtle or overt, and can come from physicians, colleagues, staff or patients. Regardless of the form of assault, harassment or discrimination, it has the potential to elicit a significant amount of stress and to create a negative learning environment.

Validated tools already exist to screen for interpersonal violence and abuse.<sup>3</sup> The **HITS** screening tool, for example, is a four-item questionnaire that asks respondents how often their partner physically **Hurt, Insulted, Threatened with harm and / or Screamed** at them. The HITS tool is now widely used in many Emergency Departments and other clinical settings to screen for domestic abuse.<sup>3</sup> However, to date, these validated tools have not been used to screen for interpersonal violence among physicians-in-training. In fact, the majority of prior studies on abuse, harassment and discrimination have relied on non-validated surveys or subjective tools such as self-report.<sup>1,2</sup>

We hypothesize that surgical residents are at risk of interpersonal violence, as well as harassment and discrimination during their training. The purpose of this multicenter study is to utilize a validated tool to screen for and intervene upon such behaviors, thereby promoting a more positive learning environment.

**The specific aims of this multicenter study are:**

Primary aim:

Our primary aim is to determine the overall prevalence of interpersonal violence among surgical residents at 5 academic teaching hospitals.

Secondary aims:

Our secondary aims are to:

- 1) Determine the frequency of other forms of assault including sexual harassment, and discrimination based on gender, race, sexual orientation, social class, religion or country of origin.

- 2) Determine the perceived short and long-term effects of interpersonal violence, harassment and discrimination.

## **EXPERIMENTAL DESIGN/METHODS**

### **Inclusion Criteria:**

Participants in our study would include both adult male and female surgical residents who consent to screening.

### **Exclusion Criteria:**

Exclusion criteria would include any surgical resident who refuses screening.

### **Therapeutic Interventions:**

The proposed study is a prospective, observational survey-based study only. Surgical residents will be screened at all sites using the validated HITS screen, as well as other non-validated screening tools. These anonymous, on-line questionnaires will be used to assess perceptions of abuse, harassment and discrimination as experienced by participants currently or in the past. Aggregate data will be reported and an intervention planned as a separate, future study once the magnitude of interpersonal violence is delineated. We will also use previously designed (but non-validated) survey questions to quantify the prevalence of i) sexual harassment, ii) discrimination, iii) emotional response and iv) barriers to learning. Surgical residents who are identified as having sustained some form of interpersonal violence, harassment or discrimination may be referred for further evaluation according to formal, academic, established policy.

### **Outcomes Measures:**

#### Primary Outcome:

The primary outcome will be the prevalence of interpersonal violence among surgical residents.

#### Secondary Outcomes:

Secondary outcomes will include:

- 1) The prevalence of perceived sexual harassment and discrimination based on gender, race, ethnicity, sexual orientation, social class, religion or country of origin.
- 2) The perceived emotional impact and impact on learning

### **Variables:**

- 1) **Demographics:** age, gender, race, ethnicity, sexual orientation, social class
- 2) **Screening Variables**
  - a. HITS results: score of >10 out of 20 indicating positivity for interpersonal violence/abuse (defined as the intentional use of physical force or power, threatened or actual, against another person)
  - a. Sexual harassment: behaviors perceived as inappropriate sexual advances, sexist jokes or slurs, exchange of rewards for sexual favors, sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, as defined by the American Medical Association Council on Ethical and Judicial Affairs.<sup>4</sup>
  - b. Gender discrimination: defined as less interest in or less respect for one's opinion or authority, less attention to one's needs, denial of opportunities or different standards of evaluation on the basis of one's sex.
  - c. Racial & ethnic discrimination: defined as less interest in or less respect for one's opinion or authority, less attention to one's needs, denial of opportunities or different standards of evaluation on the basis of one's race or ethnicity
  - d. Discrimination based on sexual orientation: defined as less interest in or less respect for one's opinion or authority, less attention to one's needs, denial of opportunities or different standards of evaluation on the basis of one's sexual orientation.

- e. Discrimination based on social class: defined as less interest in or less respect for one's opinion or authority, less attention to one's needs, denial of opportunities or different standards of evaluation on the basis of one's social (economic) class.
- f. Discrimination based on religion: defined as less interest in or less respect for one's opinion or authority, less attention to one's needs, denial of opportunities or different standards of evaluation on the basis of one's religion.
- g. Discrimination based on country of origin: defined as less interest in or less respect for one's opinion or authority, less attention to one's needs, denial of opportunities or different standards of evaluation on the basis of one's country of origin.

### **3) Emotional Impact and Learning Ability:**

The following emotional variables will be graded with a 0-10 Likert scale:

- Embarrassment
- Anger
- Frustration
- Anxiety
- Feeling of being violated
- Helplessness
- Feeling of being threatened
- Depression
- Guilt
- Feeling of being alone
- Other
- None

The following free-text questions will also be asked and analyzed using text analysis:

- 1) If you answered yes to HITS, sexual harassment or discrimination please answer the following:
  - a. What was the worst event that you experienced? How did it make you feel and why?

The following learning variables will be graded with a 0-10 Likert scale:

- Ability to learn
- Freedom to ask questions
- Intellectual curiosity
- Encouragement to learn
- Mentorship

The following free-text questions will also be asked and analyzed using text analysis:

- 1) If you answered yes to HITS, sexual harassment or discrimination please answer the following:
  - a. How might your learning have been altered by the event(s) in question? How did it make you feel and why?

### **Data Collection and Statistical Analysis:**

Standardized data will be included for each participant starting with demographic data (see appendix A). Appendix B includes the screening tools for interpersonal violence (HITS) and other non-validated surveys for assessing harassment and discrimination. Descriptive data will be collected and analyzed.

**Consent Procedures:**

Consent will be obtained from every individual that agrees to participate. The consent will state: "We are conducting a prospective, observational, cohort study designed to explore the prevalence of interpersonal violence, harassment and discrimination among Surgery Residents." Further, each survey will begin with consent and a "checkbox" requiring them to agree to participate in the study. Participant data will be recorded and protected by study personnel, again as per protocol. Personal identifiers will not be used. Individuals that consent to participate may withdraw from the study at any time.

**Risk/ Benefit Analysis:**

The overall prevalence of interpersonal violence among surgical residents is unknown. There is no routine screening for this among training programs. A Canadian single center study found that nearly 94% of Residents experienced psychological abuse and almost 20% physical assault during their training.<sup>1</sup> It remains to be seen if this is representative of Residents in the US, across multiple institutions, using a validated screening tool. If the prevalence is found to be equally high in centers across the US, this may lead to direct interventions and preventative measures to address these problems. This may have a significantly beneficial outcome for surgical residents in the future.

There is little or no risk to participants that complete the screening, as it is anonymous. The only potential risk may be psychological, in the event that the surgical resident has the perception that their responses would be judged or used against them in a punitive manner. All efforts to prevent this will be made. Resident support hotline phone numbers and resources that are institutional and national will be included at the end of each survey, regardless of answers.

**References:**

1. Cook DJ, Liutkus JF, Risdon CL, et al. Residents' Experiences of Abuse, Discrimination and Sexual Harassment During Residency Training. *Can Med Assoc J.* 1996;154:1657-65.
2. Fnais N, Soobiah C, Chen MH, et al. Harassment and Discrimination in Medical Training: A Systematic Review and Meta-Analysis. *Acad Med.* 2014;89(5):817-27.
3. Sherin KM, Sinacore JM, Li XQ, et al. HITS: A Short Domestic Violence Screening Tool for Use in a Family Practice Setting. *Fam Med.* 1998;30(7):508-12.
4. American Medical Association. Guidelines for establishing sexual harassment prevention and grievance procedures. *JAMA.*1992;268-273.