

Bullying, discrimination and sexual harassment on clinical placements

A resource for UWA medical students



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Introduction

Bullying, discrimination and sexual harassment is unfortunately common experienced by medical students, but it is *never* acceptable.

Should you or your peers ever experience it, we hope this document can help you in finding avenues for support and resolution.

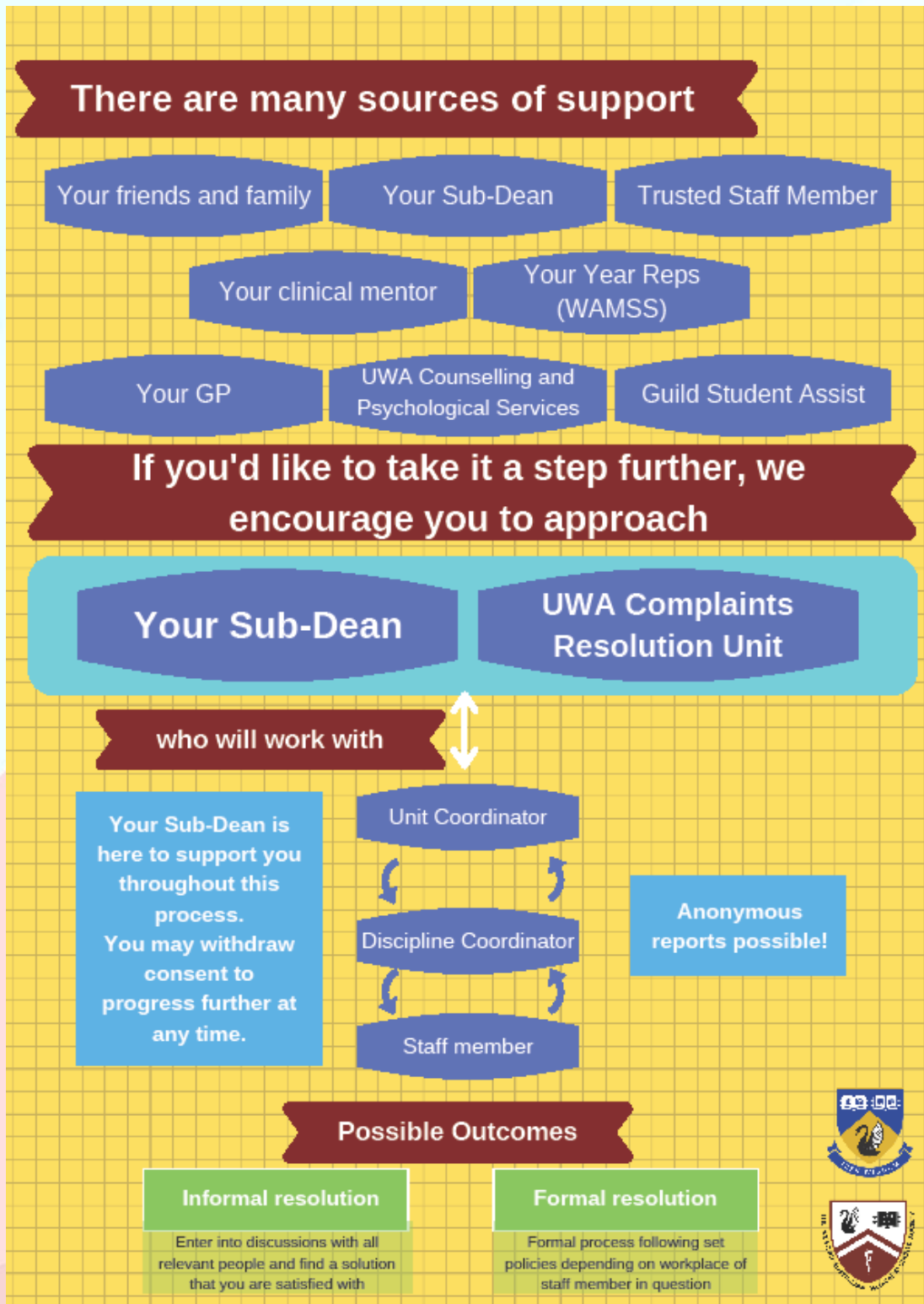
In 2018, the MD4s were surveyed on their experiences of bullying, discrimination and sexual harassment while on placements. This is what we found:

- Bullying, discrimination and sexual harassment of medical students on clinical placements is **common**
- **Those in positions of power are more likely to be perpetrators** of bullying, discrimination or sexual harassment against medical students, however, it may come from anyone within a healthcare setting, be they consultant, registrar, RMO, intern, nurse, midwife, GP, or other medical students.
- **Only half of students who experienced bullying spoke with someone about it**
- The **most common barriers** reported to taking action were
 - The stress associated with making a complaint
 - Concern of not being believed or taken seriously
 - Fears of embarrassment
 - Not realising it was bullying at the time
 - Concerns about confidentiality
- **Only 1 in 3 students would know what to do** if experiencing bullying, discrimination or sexual harassment on a clinical placement.

This document details what to do if it happens to you, including addressing common barriers to seeking support, and also explores frequently asked questions and resources available for students.

It has been produced as part of a Scholarly Activity – Service Learning project, by Lianne Leung under the supervision of Dr Lucy Gilkes. For more information on this resource, please see the end of this document.

What to do if you experience bullying, discrimination or sexual harassment



What is...

...bullying?

Bullying is defined as a pattern of repeated 'unreasonable behaviour' that a reasonable person would consider to be intimidating, humiliating, undermining or threatening. The behaviour may be subtle or overt. The behaviour has potential to cause harm to the person experiencing the behaviour.

Bullying may be in one-to-one situations or in front of colleagues, may be written, visual, verbal or other.

Examples include

- Repeated hurtful remarks, attacks or abuse, such as making fun of a person's work
- Aggressive and intimidating behaviour
- Belittling, degrading, or humiliating comments

Bullying is not

- One-off abrupt comments
- Differences of opinion
- Fair, constructive criticism

...discrimination?

Discrimination is defined as treating a person with an identified attribute or personal characteristic less favourably than another person who does not have that attribute or personal characteristic. For example: gender, age, race, religious belief, political belief, pregnancy, disability, marital status, sexual orientation or cultural background.

Examples include:

- Denying students learning opportunities due to their family or parental responsibilities
- Referring to male students by name but female students as 'sweetheart' or another term
- Assumptions that some students are not as physically or emotionally able as others due to their gender, religion, education, etc.

...sexual harassment?

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favours and other unwelcome conduct of a sexual nature, by which a reasonable person would be offended, humiliated or intimidated.

Examples include:

- Inappropriate, unnecessary touching of an individual
- Comments, jokes, propositions, questions or insinuations about a person's sexual or private life
- 'quid pro quo' harassment or 'sexual blackmail', when behaviour is accompanied by direct or implied threat, benefit or promise
- Misuse of contact details/mobile numbers

This information has been adapted from the Royal Australasian College of Surgeons' *Bullying, Discrimination and Sexual Harassment: Fact Sheet*.¹

In a survey of UWA MD4s of 2018, ~2/5 students felt they had experienced bullying whilst on placement and ~1/2 had seen bullying behaviours towards their peers.

~2/5 students felt they had experienced discrimination whilst on placement, most commonly based on gender. ~1/3 of students have witnessed discrimination against their peers.

~1/10 of students felt they have experienced sexual harassment while on clinical placements, ~1/10 have witnessed sexual harassment against their peers.

These results are similar to other surveys of medical students in Australia

What to do

Immediately

If you feel comfortable to do so, you can address it with the person immediately.

Example sentences

- A comment like 'that's inappropriate' is non-aggressive and can be very effective in ending the behaviour.
- An "I" statement focuses on the speaker and can be a way for you to express your perception of the situation without being blameful. For example
 - o "I feel _____ when you _____",
 - o 'I get the impression that _____, when you _____',
 - o or even simply: "I am feeling uncomfortable."

However, we also understand that this may not be appropriate or possible in every situation.

Afterwards

The following process is as per the UWA Policy on: Student Complaint Resolution. There are two stages: seeking support and finding a resolution, with the capacity for an appeal.

1. Seeking support

Your welfare is the highest priority. It is normal to be upset, shaken, angry or feel other emotions when facing or witnessing bullying, discrimination or sexual harassment.

Sometimes, experiences may seem ambiguous, where you are not sure whether it was acceptable or unacceptable behaviour. Talking it through with someone you trust can be very helpful and insightful both for yourself and them. There are many people you could talk to, such as:

- Your friends and family
- The other doctors on your team
- Your clinical mentor
- Your Sub-Dean (Support Co-ordinator)
 - o MD1: [Dr Zaza Lyons](#)
 - o MD2: [Dr Jacqueline Frayne](#)
 - o MD3: [Dr Brett Montgomery](#)
 - o RCS: [Dr Susannah Warwick](#)
 - o MD4: [Dr Andrew Ford](#)
- [Deborah Leicester](#) Manager Student Experience
- If seeking further support, you could consider talking with your GP or accessing services such as Guild Student Assist, UWA Counselling and Psychological Services, Sexual Assault Resource Centre or others – see end of this document for a more comprehensive list.

2. Finding a resolution

The stress associated with making a complaint is a major barrier to taking action for many students. While it is impossible to make this a stress-free process, we hope to reduce unnecessary stress by clarifying the options available and what happens throughout the process. Know that any and all concerns raised are taken very seriously, and that there is support at every step of the way.

a) Informal resolution

You may feel that someone's behaviour was inappropriate and like to take some form of action, but not want to do it through formal processes.

- We would encourage you **to talk with your Sub-Dean (Support Co-ordinator)** to discuss what you would like to see happen, and to explore the options available to do so. If you do not feel comfortable approaching your cohort's Sub-Dean for any reason, it is also possible to contact other Sub-Deans; they are here to support students.

As this is an informal process, what happens will be determined on a case-by-case basis. One potential option is to meet with the Discipline Coordinator, who may talk with the staff member in question. The staff member may be able to respond to the concerns raised, with the response communicated back to the student. The student may decide if they are happy with this outcome, or if they wish to take it further. If the latter, the Sub-Dean again will be able to support you in this process, advising you on what further options there might be, such as referring your complaint to the UWA Complaints Resolution Unit.

- You could also approach the Discipline Coordinator directly, without having first talked with your Sub-Dean, if you feel comfortable doing so.
- Similarly, you can report it in your **end of rotation surveys**. These are anonymous and provide a written record of your experiences. They do not, however, guarantee that any action will be taken.

If the issue is not resolved to your satisfaction via an informal resolution, you may want to pursue a formal resolution.

b) Formal resolution

If an informal resolution was insufficient, or if the behaviour requires a more serious response, here is the process of submitting a formal complaint.

- Some students may feel comfortable **directly approaching the Complaints Resolution Unit**
- Others may prefer further support throughout the process. In this case, **contact your Sub-Dean (Support Co-ordinator)**. Again, if you do not feel comfortable approaching your cohort's Sub-Dean for any reason, it is also possible to contact other Sub-Deans.

Either way, the process would be as follows:

1. [Submit your complaint](#) to the UWA Complaints Resolution Unit.
 - a. You will need to give your name/contact details. We understand and acknowledge this is a barrier to reporting, but is required for the relevant staff to be able to work with you in working through your complaint.
 - b. Your Sub-Dean will be able to support you throughout this process. The Complaints Resolution Unit is also likely to refer you to Guild Student Assist for support.
 - c. You will receive a response from the Complaints Resolution Unit within 5 University working days.
2. Depending on the complaint, the person in charge of managing your complaint will differ.

Respondent - the person the complaint is about	UWA staff?	Hospital staff member?	GP preceptor?
Responsible Officer - the person in charge of managing the complaint	The staff member's immediate supervisor, e.g. <ul style="list-style-type: none"> - Unit Coordinator (if complaint is about teaching staff) - Head of School (if complaint is about Unit Coordinator) - School, Faculty or Unit Manager (if complaint is about a general staff member) 	The staff member responsible for engaging them (likely the Rotation Coordinator or Unit Coordinator, who may then contact the hospital.)	The staff member responsible for engaging them (likely, the GP Discipline Coordinator who would speak with the GP directly or their immediate supervisor.
Policy	UWA Policy on: Student Complaints Resolution	WA Health Discipline Policy	GP practice's workplace policy

- Complaints about UWA Staff?
 - These will be managed by the staff member's immediate supervisor.
- Complaints about non-UWA Staff, such as a hospital staff member or GP preceptor?
 - These will be managed by the staff member responsible for engaging the community member. Likely, Discipline Coordinator or Unit Coordinator.
 - The Unit Coordinator will liaise with the relevant staff member of the organisation, such as the Human Resources (HR) Unit for a hospital staff member, or the Practice Owner for a GP placement.
 - The HR Unit may then escalate the complaint as per the WA Discipline Policy. In short:

- The HR Unit will address the staff member in question, and they will be given a chance to respond. If the HR Unit finds there are reasonable grounds to suspect a breach, their response will depend on the seriousness of the behaviour. If less serious, they may recommend counselling, training and development, or issue a warning. If more serious, there is a range of possible consequences, from a reprimand, a fine to dismissal to dismissal of the employee.

For your reference, student complaint resolution stage requirements can be found [here](#).

3. Appeal

If it is still not resolved to your satisfaction, you can appeal the resolution to the Senior Deputy Vice-Chancellor, who will appoint another 'Responsible Officer', who will work through the process of a *Formal Resolution* again.

Vexatious complaints

According to the UWA Policy on Student Complaints Resolution, a vexatious complaint 'means one that is made or pursued without reasonable grounds or made to harass or annoy, to cause delay or detriment, or for any other wrongful purpose. This system and policy is here to protect and support students, and the Medical School is here to support you through this process. However, please note that if your complaint is found to be vexatious, it will be dismissed.

Why don't students report?

Despite knowing that bullying of students is common, few students formally report the behaviour. This page explores the most common reasons why students don't report and aims to address them.

The most commonly reported barriers according to the Class of 2018 were:

Bullying	Discrimination	Sexual harassment
The stress associated with making a complaint	The stress associated with making a complaint	The stress associated with making a complaint
Not realising it was bullying at the time	Concern of not being believed or taken seriously	Fear of embarrassment
Concerns about confidentiality Fears of embarrassment	Fears of embarrassment	Concern of not being believed or taken seriously

The stress associated with making a complaint

This is evidently an important factor in deciding whether or not to make a complaint, and the Medical School understands that there are many factors that contribute to the stress, such as the barriers listed below. We hope in demystifying the process, there can be less stress from uncertainty. Know that your report will be taken seriously, and that the people reading your reports are in their roles because they want to make the student experience better.

Concerns about confidentiality

Please be assured that your identity will *never* be shared with anyone without your knowledge. If ever your identity has to be revealed, such as in seeking to take action against someone, you will first be consulted.

Many students have concerns about being identifiable, such as when there are few students on a team with them during a rotation, or when they report a very distinct incident. While it may be identifiable, please remember the goal of this policy is not to discipline students. The first priority is supporting students, making sure you are okay, helping you find a resolution and to prevent it from happening to other students. Please also remember that you may choose not to progress further with your complaint at any time if you feel uncomfortable (though the complaint may continue to be discussed if raised to a formal level and requires action). Your Sub-Dean is here to support you through this process.

Secondly, know that confidentiality and these reports are not taken lightly. Bullying, discrimination and sexual harassment are serious; these are not simply Medical School policies, these are institutional policies from the University and from specific workplace policies. Please be reassured that while the people involved in this process are looking to resolve your complaint to your satisfaction, they understand the importance of maintaining your confidentiality while doing so.

Fear of embarrassment

The people involved in this process are here to help, not to ridicule or judge you. In fact, the first priority is in making sure you are okay, and that includes addressing concerns such as feeling embarrassed. Bullying, discrimination and sexual harassment are unacceptable in any workplace; we recognise it takes great strength to make a complaint and that it may be an uncomfortable experience for you.

Concern of not being believed or taken seriously

The Medical School strongly believes there should be no bullying, discrimination and sexual harassment of medical students. We are however aware that it does happen, and would like to be able to do something about it. The people in the student support roles, such as the Sub-Deans, are best equipped to help you.

Not realising it was bullying at the time

You may want to discuss your experiences with your fellow students or other friends/family. This can help you better process your experiences, and it may be easier to realise when it is bullying the next time, or you may help others recognise bullying.

Bullying is defined as a repeated pattern of behaviour. It is likely that it is not a once-off event. By letting someone know of your experiences by making a formal, informal or even anonymous report, you can help let the Medical School know and be better able to respond and prevent other students from experiencing the same.

Frequently Asked Questions (and frequently heard comments)

This resource has been produced as part of a Scholarly Activity – Service Learning project, by Lianne Leung under the supervision of Dr Lucy Gilkes

It is shaped by your feedback! If you have any questions not answered here, please get in contact by emailing your Sub-Dean.

What's the point? What can even be done?

Firstly, it is important that students feel better supported and have a better learning experience throughout their time in medical school. Secondly, the Medical School is aware that bullying, discrimination and sexual harassment is an issue and wants to do something about it. However, the only way that any action can be taken is if people speak up.

We understand that can be very stressful – hopefully, the information in this document will demystify some of the process and reassure you that there are always options and people available to support you.

It wasn't serious enough to need to report it/it's not a big deal.

Bullying, discrimination and sexual harassment is not acceptable, and so if you think something is affecting your learning or wellbeing, or may affect students in future rotations, let someone know. Repeated reports from multiple students of minor grievances can result in further investigation and change. One comment may not be a 'big deal', but repeated comments may reveal a pattern of behaviour that warrants action.

The person in charge is buddies with the person the complaint is against. Perth is too small.

There's no way they would actually do anything.

If you feel concerned about this, you may prefer to go through the formal processes via the UWA Complaints Resolution Unit. These cases are managed in accordance with the [University Policy on: Conflicts of Interest](#). In short, the supervisor of the 'Responsible Officer' will be in charge of finding an alternative person to manage the case. For example, if a Discipline Coordinator declares a conflict of interest, the Unit Coordinator will have to find an alternative person. If they fail, then the Head of School, then the Faculty, then the Pro-Vice Chancellor or even Vice-Chancellor in some cases. Failure to declare Conflicts of Interest lead to staff being in breach of the UWA Code of Conduct, let alone failing to comply with workplace policies regarding bullying, discrimination and sexual harassment. Furthermore, there is also an appeals process should you find that your report has been poorly managed. Please be assured that action will be taken.

What if I'm not sure if I want to make a report?

SPOT is a chat-bot that helps you document and time-stamp your experience, should you want to take action later. You can edit your responses and remove any details later, if you do choose to share it in an informal or formal complaint. Some people also find it a good tool to help themselves debrief the experience.

<https://talkspot.com/>

This is free and open to everyone. It is not affiliated with UWA, WAMSS or Faculty of Health and Medical Sciences but this may be further investigated if *SPOT* proves to be popular.

What happens to the information I give?

Following resolution of the complaint, it will be stored by the UWA Complaints Resolution Unit as per the [University Policy on: Records Management](#).

Can I report anonymously?

Yes, however, the anonymity makes it impossible to follow up on your wellbeing and to offer you support without your contact details.

The **UWA Complaints Resolution Unit** offers the option of anonymous complaints. Please note that no action can be made purely based off one anonymous report. In the case of repeated reports regarding one person, these may be forwarded to the relevant staff member within the Medical School for further investigation.

The **end of rotation surveys** and **end of unit surveys** also offer an opportunity to report, they are immediately reviewed by the relevant rotation coordinator and give a documented, written record of what happened. It is true that small rotations make responses potentially identifiable; however, the intent of the process is not to find out who said what, but to improve rotations and to monitor if future students are having the same experience.

What to do when you're being grilled

Every medical student will have had an experience where they will be asked a question that they don't know the answer to. What happens when the questions keep coming? Is it teaching, or is it bullying? Is this experience meant for the student's learning, or for the teacher?

Socratic Instruction is "a series of questions is posed by the teacher, and responses to those questions are provided by students."^{2(p182)}, and is a method commonly used in medicine. However, there is a fine line between Socratic Instruction and being grilled. Unfortunately, many have experienced such teaching methods where "a series of difficult and often intentionally unanswerable questions [are] posed to a medical student...in quick session...to teach, motivate and involve the learner in clinical rounds while maintaining a dominant hierarchy and cultivating humility by ridding the learner of egotism."^{3(p2347)}

While there is little evidence on the efficacy of this teaching method, and growing evidence on its potential harms,³ it remains commonplace in hospitals. Furthermore, there is a large variation in people's interpretation of what is acceptable behaviour; what some students might see as a grilling, others may see as a useful teaching session.

If you find yourself in such a situation, the following tips from [Oh & Reamy](#) may be helpful.⁴

Pointers for Students

1. *Give teachers the benefit of the doubt.* If attending physicians ask difficult questions and if a student feels humiliated, the effect was most likely unintentional.
2. *Use the answers you know to reinforce your learning.* When you do know the answers, even if you don't say so out loud, take that as positive reinforcement that you are on the right track in learning the key points.
3. *Use the questions you don't know to motivate you to read and learn.* If you didn't know the answers, then write them down and hit the books hard and learn it well. This becomes a great needs-assessment tool to help you to learn and focus your studies.
4. *Don't be afraid to speak up.* Be courageous and give teachers some feedback, whether directly or through your school's feedback system, especially if humiliating behaviour becomes a recurring theme.

Afterwards, if you find you would like to debrief with someone, formally or informally, we encourage you to get in touch with a support person (as listed in 'What to do')

Contacts

Student contacts

Your year representatives

year1@wamss.org.au

year2@wamss.org.au

year3@wamss.org.au

year4@wamss.org.au

WAMSS Vice President Internal

vpinternal@wamss.org.au

Medical school contacts

Your Sub-Dean

MD1: Dr Zaza Lyons

(08) 6457 2218

zaza.lyons@uwa.edu.au

MD2: Dr Jacqueline Frayne

(08) 6457 2621

Jacqueline.frayne@uwa.edu.au

MD3: Dr Brett Montgomery

(08) 6457 2369

Brett.Montgomery@uwa.edu.au

RCS: Dr Susannah Warwick

Susannah.warwick@rcswa.edu.au

MD4: Dr Andrew Ford

(08) 9224 2753

andrew.ford@uwa.edu.au

Manager Student Experience

Deborah Leicester

(08) 6488 8500

deborah.leicester@uwa.edu.au

Other UWA contacts

UWA Student Guild - Student Assist

Student Assist can give independent, impartial advice on your situation and guide and support you through the complaints process, while also providing a free counselling service.

<http://www.uwastudentguild.com/assist/>

UWA Student Guild – student representatives

The Guild student representatives can be a source of support and guidance when going through the complaints process. If dealing with sexual harassment, the Guild Women's Department is also well-versed in the complaints process.

<http://www.uwastudentguild.com/meet-your-student-representatives/>

UWA Counselling and Psychological Services

UWA students are entitled to six free counselling sessions per calendar year. Visit in one of their triage times, and they will find the counsellor best suited to you. (Note: spots are limited in each triage session so go early to avoid disappointment)

<http://www.student.uwa.edu.au/experience/health/counselling>

Non-UWA contacts

Your GP

Everyone should have their own GP. If you do not have a regular GP, the UWA Medical Centre is conveniently located and you can easily book an appointment online or by calling up.

Doctors Health Advisory Service (WA)

The Doctors' Health Advisory Service have an interest in promoting the welfare of medical students and doctors, including promoting a work environment that is free of bullying, discrimination and sexual harassment. You can contact them for advice and support.

If you are looking for a GP, they have also compiled a list of 'Doctors for Doctors', who have expressed an interest in doctors' health and are willing to see doctors and medical student patients as a priority.

<http://www.dhaswa.com.au/>

Beyondblue

Abundant resources, as well as offering chat, email, forums and a phone line to talk to trained mental health specialists for those seeking further support.

<https://www.beyondblue.org.au/>

Headspace

Youth mental health service aimed at people aged 12-25 years, with online and in-person services available for free or at a low cost.

<https://headspace.org.au/>

Sexual Assault Resource Centre

An emergency sexual assault (rape crisis) service.

(08) 6458 1820

<https://www.kemh.health.wa.gov.au/Our-services/Statewide-Services/SARC>

Medical Defence Organisations

All medical defence organisations offer free membership for all medical students and are able to give free legal advice to students throughout the process of submitting formal complaints. Contact the individual organisations for more information on how they can support you.

Emergency Counselling Services

Doctors Health Advisory Service

A phone line for doctors in crisis

Available 24/7.

(08) 9321 3098

Beyond Blue Support Service

Phone available 24/7, 1300 22 4636

Web chat: available 3pm-12am/7 days a week

<https://www.beyondblue.org.au/get-support/get-immediate-support>

Lifeline crisis support and suicide prevention

Available 24/7, 13 11 14

Crisis chat: Available 7pm-midnight (AEST), 7 days a week

<https://www.lifeline.org.au/Get-Help/Online-Services/crisis-chat>

Crisis Care Helpline

Available after hours, 7 days a week

(08) 9223 1111

Sexual Assault Resource Centre – Crisis line

Available 24/7, (08) 6458 1828

About this resource

In 2016, WAMSS did an informal survey of students' experiences of bullying, discrimination and sexual harassment. This prompted a meeting between the Medical School and WAMSS about how to address this issue. It was determined that a resource would be produced for students to clarify sources of support and the process around reporting bullying, discrimination and sexual harassment. The project was to be a collaboration between the Medical School, with Dr Lucy Gilkes leading the project, together with WAMSS, led by the Vice President Internal. It was determined that this would be a suitable Scholarly Activity: Service Learning project, and Lianne Leung, who was involved in the project as First Year Representative, took up the project formally in 2018.

Feedback, please!

Want something clarified? Think more information should be included? We'd love to hear from you! Please contact your Sub-Deans to let them know your thoughts.

References

1. Bullying, Discrimination and Sexual Harassment: Fact Sheet [Internet]. East Melbourne: The Royal Australasian College of Surgeons; 2017 Aug [cited 2019 Apr 7]. Available from: <https://guides.library.uwa.edu.au/c.php?g=324981&p=2178463>
2. Stoddard, HA, O'Dell, DV. Would Socrates Have Actually Used the "Socratic Method" for Clinical Teaching? J Gen Intern Med. 2016 [cited 2019 Apr 11]; 31(9):1092-1096. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4978680/#CR10>
3. Mccarthy, C & McEvoy, J. Pimping in Medical Education. JAMA [Internet]. 2015 [cited 11 April 2019]; 314(22):2347-2348. Available from: <https://jamanetwork.com/journals/jama/fullarticle/2474430>
4. Oh, RC & Reamy, BV. The Socratic Method and Pimping: Optimizing the Use of Stress and Fear in Instruction. Virtual Mentor [Internet]. 2014 [cited 2019 Apr 11]; 16(3):182-186. Available from: <https://journalofethics.ama-assn.org/article/socratic-method-and-pimping-optimizing-use-stress-and-fear-instruction/2014-03>

Useful links

UWA

- [The UWA Complaints Resolution Unit](#)
- [UWA Policy on: Student Complaint Resolution](#)

WA Health

- [WA Health Code of Conduct Policy](#)
- [WA Health Workplace Bullying Policy](#)
- [WA Health Discipline Policy](#)

Updates in the 2022 version

- Addition of 'last updated' footer
- MD2 Sub-Dean's (Support Co-ordinator) updated
- Website links updated