MedEdPORTAL® The AAMC Journal of Teaching and Learning Resources

Original Publication

Open Access

Disrupting Faculty-on-Faculty Bullying in Academic Medicine: An Innovative Workshop

Maya S. Iyer, MD, MEd*, David P. Way, MEd, Doug MacDowell, Barbara Overholser, MA, Reshma Jagsi, MD, DPhil, Nancy D. Spector, MD

*Corresponding author: maya.iyer@nationwidechildrens.org

Abstract

Introduction: Bullying, a severe form of mistreatment, occurs when an individual in an authority position intentionally imposes negative persistent behaviors on a target. In academic medicine, bullying is used to impede the target's professional growth. While there is abundant literature on how to disrupt other forms of mistreatment, the literature related to bullying among academic medical faculty members is scarce. **Methods:** We developed an interactive workshop on disrupting faculty-on-faculty bullying in academic medicine, with a focus on gender-based bullying, following Kern's model of curriculum development. The workshop consisted of three didactics on the scope of bullying in academic medicine: identifying bullying behaviors, learning strategies to mitigate bullying, and understanding what constitutes comprehensive antibullying policies. The workshop also included three small-group activities to reinforce learned concepts. **Results:** Eighty-seven faculty attended one of three workshops held over a 6-month period. We received 24 completed evaluations for a 28% rate of return. Most participants rated workshop activities as being well taught and of great value. Many respondents commented that after participating in the workshop, they realized they had likely experienced or witnessed bullying in their careers and that mitigating bullying required effort at multiple levels (individual, institutional, national). **Discussion:** This workshop fills a need in academic medicine through addressing how faculty members and institutions can help themselves and others to disrupt bullying. We will continue to disseminate this workshop at national conferences and at individual institutions. This resource will allow other educators to offer the workshop at their home institutions.

Keywords
Bullying, Antibullying Policies, Mitigation, Mistreatment

Educational Objectives

By the end of this workshop, learners will be able to:

1. Understand the scope of faculty-on-faculty bullying in academic medicine, the depth at which this type of bullying disproportionately affects women, the behaviors that qualify as bullying, and the impact bullying has on the careers of its targets.
2. Appreciate strategies to mitigate faculty-on-faculty bullying for individuals in each of the roles of targets, perpetrators of bullying, upstanders, or leaders.
3. Evaluate antibullying policies by identifying effective, ineffective, and missing components.

Citation:
Iyer MS, Way DP, MacDowell D, Overholser B, Jagsi R, Spector ND. Disrupting faculty-on-faculty bullying in academic medicine: an innovative workshop. *MedEdPORTAL*. 2023;19:11352. https://doi.org/10.15766/mep_2374-8265.11352

Introduction

Bullying, a severe form of mistreatment, is prevalent in academic medicine. Unlike discrimination, bias, or microaggressions, bullying is a conscious act. Bullying involves offenders abusing positions of authority to intentionally target individuals through persistent negative behaviors that impede the individuals' professional development or career growth.[1] Examples of bullying behaviors include overworking a subordinate, withholding information or resources, threatening an individual's professional status, and excessively monitoring an individual's work, as well as criticizing, humiliating, shaming, isolating, excluding, destabilizing, or defaming an individual's character.[1,2] Because of power differentials, targets of bullying have difficulty defending themselves from these behaviors. While students and trainees may experience bullying, faculty and practicing physicians also suffer from it, yet their experiences are underrecognized and cause silent suffering.[3-8]

In 2021, we sought to determine (1) the prevalence of mistreatment experienced by women faculty leaders in academic medicine, (2) whether the severity of mistreatment rose to the level of bullying,[1,2] and (3) if the perpetrators of bullying were more likely to be men or women.[6] We found that most women (85%) experienced mistreatment during their careers and that 62% of those who experienced mistreatment also experienced bullying. In addition, 92% of those who reported bullying experienced bullying from men as compared to 65% who experienced bullying from women ($p < .001$, effect size = .34).[6] Qualitative findings confirmed what has been shown in the literature, namely, that bullying harmed subjects' career advancement, mental health, reputation, and relationships with others. Targets suffered from anxiety, depression, emotional exhaustion, decreased concentration, and burnout.[6,9-12] Being bullied was associated with decreased work productivity, increased absenteeism, and even workforce attrition.[6,13,14] Many targets had to change roles or leave jobs. More importantly, bullying impacted patient care, resulting in medical errors, adverse outcomes, and decreased patient satisfaction.[15] Participants proposed that initiatives by top-level leaders, clear definitions of bullying behavior, reporting mechanisms, and upstander training, including an understanding of bullying, for faculty and staff could have alleviated the severe mistreatment they suffered.[6]

After this initial assessment, we investigated why bullying persists in medicine and what can be done to mitigate it.[16] We interviewed women physician leaders who advised that a multipronged approach was needed to address bullying at both the institutional and individual (leader, target, bully, bystander) levels.[16] Top-down efforts start with efforts by leaders to develop a culture that prohibits bullying. Targets of bullying, unlike those who suffer from harassment and discrimination, do not always fall under a protected class and therefore may have little legal recourse.[1] Medical trainees are protected under the auspices of the ACGME and Liaison Committee on Medical Education policies.[17-19] However, antibullying policies designed to protect faculty members are institution dependent and often nonexistent, further supporting the idea that faculty too need to have resources available when they experience bullying.[20] In 2020, the American Medical Association (AMA) adopted Policy H.515-951 to address bullying in academic medicine; however, because this policy does not include clear definitions of bullying behavior or consequences for such behaviors, it is not likely to be sufficient alone for preventing bullying.[21-23] Policies need to be supplemented by strategies that include training at the grassroots level so that incidents of bullying are revealed and extinguished.[16] Cumulatively, these strategies also require buy-in from and multidisciplinary collaboration between institutional leaders, human resources, legal counsel, and ombudspersons. Above all, anti-faculty-on-faculty bullying training targeted towards institutions, organizations, and leaders who can effect change is needed.

Many textbooks focus on defining bias, discrimination, harassment, and corresponding mitigation strategies, such as training individuals to become upstanders.[24-26] However, none of these are specific to addressing the nuances of bullying. Much of the published antibullying curricula focuses on the secondary education level or on business and nursing arenas.[27-33] Some workshops aim to have participants understand what bullying is but not to have them discuss how to strategically mitigate this behavior through individual or institutional actions.[34] Others focus solely on individuals reporting bullying instances but not on how the culture of the workplace must also be addressed.[35] In academic medicine, workshops focus on what trainees should do if they experience mistreatment or bullying but again do not provide recommendations on what faculty members who face bullying from other faculty members should do.[36,37]

Within *MedEdPORTAL,* a search for resources addressing interventions for faculty-on-faculty bullying yielded zero publications. When we broadened the search terms to include *mistreatment* and *harassment,* under which bullying may fall, we found three publications in which faculty were the learners. One publication offered an interactive workshop teaching faculty members to use the ERASE approach to address mistreatment of trainees (expect that mistreatment will occur, recognize the mistreatment, respond in real time, support the leaders and establish a positive culture).[38] Another publication described a workshop using case-based scenarios describing mistreatment of trainees designed to teach faculty members how to respond to these situations.[39] The third publication described a workshop in which trainees and faculty learned how to respond specifically to verbal sexual harassment initiated by patients.[40] None offered guidance to faculty members themselves on what they should do if they find themselves as targets of bullying from other faculty members.

We therefore set out to develop an interactive workshop focused on faculty-on-faculty bullying mitigation. Unlike other workshops described in *MedEdPORTAL,* we aimed our workshop at faculty members and leaders who can effect change within academic medical institutions but who themselves may also be suffering from bullying. The workshop helps individuals distinguish bullying from other forms of mistreatment like harassment

or microaggressions, as well as describing what practicing physicians can do if they experience or witness bullying. The workshop reveals the scope of bullying in academic medicine, explains how women physicians are disproportionately affected, describes the behaviors that constitute bullying, and traces the impact that bullying has on the careers of its targets. Additionally, the workshop takes a top-down and bottom-up approach to disrupting faculty-on-faculty bullying in academic medicine through discussions of effective institutional antibullying policies and strategies to mitigate bullying with the four parties commonly involved in bullying events (the bully, leaders, targets, and bystanders)

To develop our faculty-focused antibullying workshop, we used Kern's six-step approach to curriculum development.[41] We developed goals and objectives to address the multifaceted nature of bullying and based the development of our workshop on the format of similar successful workshops in *MedEdPORTAL*.[37-39] In particular, we decided to use didactics and interactive activities that could be adjusted to fit either a 90- or 120-minute time period. We then implemented and delivered the workshop at three national conferences. Finally, we obtained postworkshop evaluations that provided the feedback needed for reflection and improvement.

Methods

This workshop was developed by a team of academic researchers with expertise in faculty development; gender equity, diversity, equity, and inclusion; and medical education curriculum development. The objectives of the workshop were as follows: (1) understand the scope of faculty-on-faculty bullying in academic medicine, the depth at which this type of bullying disproportionately affects women, the behaviors that qualify as bullying, and the impact bullying has on the careers of its targets; (2) appreciate strategies to mitigate faculty-on-faculty bullying for individuals in each of the roles of targets, perpetrators of bullying, upstanders, or leaders; and (3) evaluate antibullying policies by identifying effective, ineffective, and missing components.

We delivered the workshop through web-based meeting platforms during three separate national conferences. The first workshop was held for three prominent international leaders in academic medicine at the International Leadership Association Healthcare Leadership Conference in May 2022. The second workshop was delivered in May 2022 to 47 individuals at the American Women's Medical Association Gender Equity Summit. The final workshop took place at The Ohio State University College of Medicine in September 2022 with 37 participants in attendance. The workshops ranged from 90 to 120 minutes in length. We received institutional review board approval from the Nationwide Children's Hospital, while the Drexel University College of Medicine Institutional Review Board exempted the project.

The workshop consisted of three didactics (Appendix A) and two or three activities, depending on workshop length. The first didactic described how bullying fit into the spectrum of mistreatment (bias, prejudice, bullying) and what the response to each type of mistreatment should entail.[24] We discussed our definition of bullying—"offenders abusing positions of authority to target individuals in order to impede their education or career growth"[1]—then presented findings from our prior work on gender-based bullying.[2] We provided detailed characteristics of bullies, bullying behaviors, and the relationships that bullies have with their targets. Workshop participants completed the Short Negative Acts Questionnaire (SNAQ),[2] a tool measuring severity of bullying, and shared their SNAQ results using anonymous polling software. This made the audience aware of how many participants in the meeting had experienced bullying. Smaller breakout groups were formed in which discussions on personal experiences with bullying or witnessing bullying could be shared (Appendix B).

During the second didactic, a model for disrupting faculty-on-faculty bullying in academic medicine was shared, along with methods for promoting cultures of civility. The didactic outlined the various actions individuals should take when confronted with bullying, depending on their roles as leaders, targets, bystanders, or bullies. Leaders should hold their employees accountable, behave ethically themselves, demand high standards, and have zero tolerance for bullying. When confronting the bully, leaders in particular were advised to focus on the three Cs for disrupting bullying: conversation, compensation, and career.[24] Targets were advised to seek near and peer mentoring, document all experiences with bullying, report the bullying, or seek third-party involvement.[24] Bystanders were encouraged to move from being bystanders, or simply witnessing bullying, to becoming upstanders and taking action. We encouraged them to apply the Hollaback! 5Ds, action that could be taken in the moment when witnessing bullying (direct, distract, delegate, delay, and document).[25] In addition, we encouraged further investigation into implementing microinterventions and microresistance.[26] Finally, we discussed strategies individuals could take if they found themselves bullying others. Strategies such as learning how to apologize and understanding the difference between intent and impact were presented.[24] We followed this

didactic with breakout groups that reviewed and discussed four scenarios, each involving one of the types of individuals confronted with bullying (Appendix B).

We concluded the workshop with a final didactic on the components of effective antibullying policies.[20-23] We included references on how Title IX and other protected class policies covered mistreatment but were ineffective at mitigating bullying. The participants engaged in a final activity in which they analyzed and critiqued three anonymized institutional antibullying policies along with the AMA's antibullying policy (Appendix B).[20,21]

Implementation

We originally designed the workshop to be 120 minutes in length but made it adaptable to 90 minutes when needed. We invited women physician leader graduates of the Executive Leadership in Academic Medicine (ELAM) program (including NDS and RJ) to facilitate the workshops given the expertise they had provided in our prior research.[6,16] The facilitators did not require any prework for thes workshop. We spent 3 minutes on personal introductions. The timeline for the didactics and activities was as follows:

- Introduction (2 minutes + 1 minute per facilitator).
- Didactic 1: Faculty-on-Faculty Bullying in Academic Medicine (10 minutes).
- Completion of the SNAQ and anonymous polling (5 minutes).
- Activity 1 (breakout groups; 10 minutes): Participants were asked, "Have you been bullied? If so, how badly?"
- Didactic 2: Model to Disrupt Faculty-on-Faculty Bullying and Promote Civility (20 minutes).
- Activity 2 (breakout groups; 15-25 minutes depending on workshop length): Participants were divided into groups of eight to 10 and were sent to breakout rooms with one facilitator. They discussed four scenarios involving bullying, one for each role: the bully, target, leader, and bystander. During the breakout, groups selected one individual to report back findings to the larger workshop.
- Didactic 3: Disrupting Faculty-on-Faculty Bullying… Institutional Change (10 minutes).
- Activity 3 (15-25 minutes depending on workshop length): This activity raised the question, "Should this be policy?" Participants broke out into groups of eight to 10 and analyzed four antibullying policies.
- Wrap-up and postworkshop evaluation (5 minutes).

Facilitator Guide

We created a facilitator guide (Appendix C) for the ELAM alumnae who delivered the workshop. Being an ELAM alumna was not a requirement to facilitate the workshop, but facilitator expertise in faculty development or gender issues was helpful. The facilitator guide included speaker notes for each slide in the PowerPoint didactics as well as instructions for each activity in the breakout rooms. In addition, the facilitator guide included questions to prompt or reinvigorate discussion in the breakout rooms.

Evaluation

Participants scanned a QR code at the end of the workshop to access the evaluation form. (Appendix D) The evaluation instrument used a 5-point Likert scale to assess participants opinions about whether workshop objectives had been met, and Likert-type scales to rate the value of the didactics and activities and the quality of instruction for each workshop component. We also asked participants to answer the questions "What is the single best 'thing' you learned from today's workshop?" and "How can this workshop be improved?" We compiled the responses from the three workshops and analyzed them in aggregate. We analyzed the demographic data using descriptive statistics and performed a thematic analysis on open-ended questions.

Results

A total of 87 participants attended the workshops, and 24 participants completed all of the evaluation form. Four facilitators (MSI, NDS, RJ, and an additional ELAM alumna) led all three workshops. Within their organizations, workshop participants held a variety of roles, including institutional leaders, faculty physicians, researchers, and medical society officers. Most respondents believed that the workshop activities were of considerable or great value and rated the didactic instruction as being of either excellent or good quality (Figure). Tables 1 and 2 show the comments, broken down by prominent themes, on the open-ended questions "What is the single best 'thing' you learned from today's workshop?" and "How can this workshop be improved?"

Discussion

This workshop fills a much-needed gap in academic medicine by providing institutions and their leaders with a holistic approach to confront faculty-on-faculty bullying in their local environments. Additionally, the workshop provides strategies for individuals (bullies, targets, bystanders) to mitigate bullying. Due to this multifaceted approach, institutions become less dependent on inadequate mistreatment policies and ineffective reporting mechanisms to eradicate bullying.[23]

We learned several lessons during the delivery of the workshops. First, we discovered that 120 minutes was likely the minimum amount of time needed to cover all three activities and

Evaluation of Workshop Objectives*	*N*	Mean	Standard Deviation	SD	D	D/A=	A	SA
1. Faculty-on-faculty bullying has significant psychological and professional consequences for victims, particularly women.	30	4.53	1.19	2 (6.3)	2 (6.3)	0 (0)	1 (3.0)	27 (84.4)
2. I would be able to recognize the behaviors that constitute bullying.	30	3.88	1.10	2 (6.3)	2 (6.3)	3 (9.4)	16 (50.0)	9 (28.1)
3. I would be able to apply strategies to mitigate bullying as a victim, leader, upstander, or bully.	30	3.88	1.07	2 (6.3)	2 (6.3)	2 (6.3)	18 (56.3)	8 (25.0)
4. I understand the components of a comprehensive antibullying policy.	30	3.88	1.21	2 (6.3)	3 (9.4)	4 (12.5)	11 (34.4)	12 (37.5)

*Rated on a 5-point scale: SD = Strongly Disagree (1), D = Disagree (2), D/A= = Disagree/Agree Equally (3), A = Agree (4), SA = Strongly Agree (5).

Prep for Disrupting Bullying**	*N*	Mean	Standard Deviation	No	Min	Mod	Con	Grt
1. **Introduction**	24	4.83	.48	0 (0)	0 (0)	1 (4.2)	2 (8.3)	21 (87.5)
2. **Activity 1:** Have You Been Bullied? Review of the Short Negative Acts Questionnaire	24	4.79	.51	0 (0)	0 (0)	1 (4.2)	3 (12.5)	20 (83.3)
3. **Activity 2:** What Can We Do? Strategies for Targets, Leaders, Upstanders, and Bullies	24	4.75	.61	0 (0)	0 (0)	2 (8.3)	2 (8.3)	20 (83.3)
4. **Activity 3:** Should This Be Policy?	24	4.75	.85	1 (4.2)	0 (0)	0 (0)	2 (8.3)	21 (87.5)
5. **Wrap-up**	24	4.50	.88	0 (0)	1 (4.2)	3 (12.5)	3 (12.5)	17 (70.8)

**Rated on a 5-point scale: No = No Value (1), Min = Minimal Value (2), Mod = Moderate Value (3), Con = Considerable Value (4), Grt = Great Value (5).

Quality of Instruction***	*N*	Mean	Standard Deviation	P	M	S	G	E
1. **Introduction**	25	4.80	.50	0 (0)	0 (0)	1 (4.0)	3 (12.0)	21 (84.0)
2. **Activity 1:** Have You Been Bullied? Review of the Short Negative Acts Questionnaire	25	4.76	.52	0 (0)	0 (0)	1 (4.0)	4 (16.0)	20 (80.0)
3. **Activity 2:** What Can We Do? Strategies for Targets, Leaders, Upstanders, and Bullies	25	4.92	.28	0 (0)	0 (0)	0 (0)	2 (8.0)	23 (92.0)
4. **Activity 3:** Should This Be Policy?	25	4.84	.37	0 (0)	0 (0)	0 (0)	4 (16.0)	21 (84.0)
5. **Wrap-up**	25	4.64	.64	0 (0)	0 (0)	2 (8.0)	5 (20.0)	18 (72.0)

***Rated on a 5-point scale: P = Poor (1), M = Marginal (2), S = Satisfactory (3), G = Good (4), E = Excellent (5).

Figure. Descriptive statistics, frequencies, and percentages for program evaluation survey results from three workshops held on May 2, May 15, and September 27, 2022.

Table 1. Comments About Most Significant Take-Home Point Sorted by Theme

Theme	Comments
Recognition of the spectrum of bullying	"Bullying is not just being overtly mean. I never would have thought that being ignored is a form of bullying."
	"The level of bullying that so many of us have experienced."
	"The questionnaire was most helpful with recognizing bullying."
	"Bullying can be quite broad, there are multiple forms of it."
	"Learning what constitutes bullying made me aware that it is more frequent than I thought."
Realization that I too have been bullied	"Helped me to understand how much I have been bullied."
	"I have not always recognized bullying even when it was happening to me."
	"I have been bullied a lot more than I thought."
I am not alone	"Community. Others have gone through what I have. Not alone."
	"That I am not alone and that my experiences are not to be dismissed."
	"A group of colleagues is committed to ending bullying behaviors in their field."
Community support	"It is OK to look to others for help and also for institutions to make change."
	"Upstanders is a new concept to me."
Actions to disrupt bullying	"I like that strategies for stopping bullying were presented for all four types of participants (Target, Leader, Witness and Bully)."
	"The 5Ds are an excellent tool which I plan to use as necessary."
	"Ways to mitigate bullying using the 5Ds."
	"Before today, I did not have the tools to address bullying."
	"Curious not furious. Don't pass the trash. Act."
	"How to become an 'Upstander.'"
	"The importance of recognizing and addressing/mitigating bullying."
	"Recognize bullying. Speak up for yourself or colleagues. Know how to access policies that help mitigate bullying."
	"Excellent policy advice."
Self-reflection	"Better understanding of my personal bias and bullying… and that we have learned behaviors depending on the decade that we were trained."
	"I honestly did not know how little I understood about what bullying is."

Table 2. Comments About Suggestions for Improvement Listed by Theme

Theme	Comments
Needs more time	"The section on anti-bullying policies is very important, but with time constraints, moving the content to another presentation or providing recommended resources might help avoid the last-minute rush to address everything on the agenda."
	"Need more time."
	"More time in break out sessions."
	"We ran out of time at the end, so it made the wrap up less useful—but the wrap up was still good. Having more time for discussions in breakout rooms was a good idea. I have no specific suggestions, except to make sure there is adequate time for discussion in breakout rooms."
	"Not enough time in breakout groups."
	"This workshop is too good to condense into 90 minutes. I know everyone is busy. However, I needed more time to absorb and process the information presented, what I learned and how I hoped to move forward with strategies."
	"More time?"
	"Allot more time."
	"Need more time to discuss these topics. Reading through attachments was a bit difficult due to time constraints."
	"Seemed crunched for time and seemed to skip things—either needs 2 hours or some prework."
Kudos and compliments	"This was excellent!!!"
	"It was an excellent event. Thank you so much for all what was discussed and for the opportunity to have smaller group sessions where we could have deep discussions and allow us to be vulnerable but opened!"
	"Great discussion and enjoyed the breakouts."
	"All was great."
	"Nothing, it was terrific."
	"It was a great workshop."
Access to or sharing resources	"It would be great to have all the resource links available in a single document—perhaps embedded in the post attendance agenda."
Strategies	"Ask participants to write down instances of bullying before starting the conference. Then ask them to do it again at the end. It would be interesting to see how lists changed before and after the conference."
	"We had an individual in our group who dominated the conversation. It would have been nice if the moderator had intervened."
	"I would have liked to hear more of the details about people's experiences with bullying."
	"I enjoyed the QR scanner questionnaires, maybe that could be used more often."

associated didactics. During the first activity, we anticipated that participants would be reluctant to share their personal experiences or witnessed experiences with bullying. However, we discovered that most participants enjoyed this activity and commented on how the workshop could be improved by dedicating more time to it. We believe that the desire to have more time for this activity was prompted by the participants' discovery that they were not alone in experiencing or witnessing bullying. Second, we discovered that transitions between workshop components could be improved by having a support person to upload documents required for each activity into the chat and breakout rooms and to monitor the chat. This would have taken the load off of the primary facilitator. Third, we found it optimal if the host of the workshop (institution or conference) provided an individual to present and transition the PowerPoint slides during the didactic portions of the workshop. This would enable each facilitator to have their own speaker notes open on their respective computer screens and prevent inadvertent sharing of materials. We also learned that many participants wanted a handout of resources or embedded resources within the didactics themselves. Finally, we discovered the need for active facilitation skills to prevent individuals from monopolizing airtime during the small-group discussions.

There were a few limitations with the evaluation of our workshops. First, we had a relatively low rate of return of the postworkshop evaluation survey. This was most likely due to the fact that all workshops were held electronically, which limited the ability of workshop facilitators to monitor evaluation participation. The low return rate might suffer from selection bias and therefore indicate a challenge to drawing broad conclusions about evaluation information. We also measured only awareness of and confidence in understanding strategies to mitigate faculty-on-faculty bullying, not specific knowledge or skills. As a result, we are not able to assess behavior change resulting from participation in the workshop. In addition, due to the sensitive nature of the topic of bullying and the personal experiences disclosed during the sessions, we pledged to collect all evaluation information in an anonymous manner, including not recording the workshops. Subsequently, this limited our ability to follow up with participants to assess whether learning was retained over time. Finally, the workshop was aimed at faculty members and therefore is likely not generalizable in its current form to address bullying experienced by medical trainees, who are often protected under the policies of governing accreditation bodies.

Future studies should look at whether institutions implement workshop strategies locally and whether cultures improve as a result. Evaluating how institutions might collaborate with one another to implement top-down approaches and standardize comprehensive antibullying policies is also needed. Variations or adaptations of this workshop to target specific faculty groups, such as tenured faculty, academic administrators, and early-career practicing physicians, could also be investigated to address specific needs of these subgroups, with the caveat that workshops conducted in smaller settings must ensure discussions are kept confidential given that individuals and situations might be readily identifiable. Furthermore, future studies may look at how institutions evaluate new hires to ensure that individuals with a track record of bullying are not passed from one place to another.

We believe that this workshop can enable individuals and institutions to disrupt faculty-on-faculty bullying and bring light to this silent scourge in academic medicine. By addressing and mitigating bullying, academic medicine can move towards a culture of civility.

Appendices

A. Didactics 1, 2, 3.pptx

B. Participant Handout.docx

C. Facilitator Guide.docx

D. Workshop Evaluation.docx

All appendices are peer reviewed as integral parts of the Original Publication.

Maya S. Iyer, MD, MEd: Associate Professor of Pediatrics, Assistant Dean for Clinical Track Faculty, Director of Emergency Medicine Faculty Development, and Associate Director of Women in Medicine and Science, Nationwide Children's Hospital and The Ohio State University College of Medicine

David P. Way, MEd: Senior Research Scientist in Education, Department of Emergency Medicine, The Ohio State University College of Medicine

Doug MacDowell: Data Analyst, Nationwide Children's Hospital

Barbara Overholser, MA: Director of Stakeholder Engagement and Communications, Executive Leadership in Academic Medicine, Drexel University College of Medicine

Reshma Jagsi, MD, DPhil: Lawrence W. Davis Professor and Chair, Department of Radiation Oncology, Emory University School of Medicine

Nancy D. Spector, MD: Professor of Pediatrics, Betty A. Cohen Chair in Women's Health, Senior Vice Dean for Faculty, Executive Director, Lynn Yeakel Institute for Women's Health and Leadership, and Executive Director, Executive Leadership in Academic Medicine and Executive

Leadership in Health Care, Drexel University College of Medicine

Acknowledgments
We thank the alumnae of the Executive Leadership in Academic Medicine program for providing examples of their lived experiences.

Disclosures
None to report.

Funding/Support
Dr. Maya S. Iyer received funding from the Physicians Foundation (grant 5649618).

Prior Presentations
Iyer MS, Way DP, MacDowell D, Jagsi R, Spector ND. Disrupting bullying in academic medicine: an innovative national workshop. Poster presented at: Learn Serve Lead 2022: The AAMC Annual Meeting; November 11-15, 2022; Nashville, TN.

Ethical Approval
The Nationwide Children's Hospital Institutional Review Board approved this project. The Drexel University Institutional Review Board deemed further review of this project not necessary.

References

1. Averbuch T, Eliya Y, Van Spall HGC. Systematic review of academic bullying in medical settings: dynamics and consequences. *BMJ Open*. 2021;11(7):e043256. https://doi.org/10.1136/bmjopen-2020-043256
2. Notelaers G, Van der Heijden B, Hoel H, Einarsen S. Measuring bullying at work with the Short-Negative Acts Questionnaire: identification of targets and criterion validity. *Work Stress*. 2019;33(1):58-75. https://doi.org/10.1080/02678373.2018.1457736
3. Paice E, Smith D. Bullying of trainee doctors is a patient safety issue. *Clin Teach*. 2009; 6(1):13-17. https://doi.org/10.1111/j.1743-498X.2008.00251.x
4. Chadaga AR, Villines D, Krikorian A. Bullying in the American graduate medical education system: a national cross-sectional survey. *PLoS One*. 2016;11(3):e0150246. https://doi.org/10.1371/journal.pone.0150246
5. Rouse LP, Gallagher-Garza S, Gebhard RE, Harrison SL, Wallace LS. Workplace bullying among family physicians: a gender focused study. *J Womens Health (Larchmt)*. 2016;25(9):882-888. https://doi.org/10.1089/jwh.2015.5577
6. Iyer MS, Way DP, MacDowell DJ, Overholser BM, Spector ND, Jagsi R. Bullying in academic medicine: experiences of women physician leaders. *Acad Med*. 2023;98(2):255-263. https://doi.org/10.1097/ACM.0000000000005003
7. Pei KY, Hafler J, Alseidi A, Slade MD, Klingensmith M, Cochran A. National assessment of workplace bullying among academic surgeons in the US. *JAMA Surg*. 2020;155(6):524-526. https://doi.org/10.1001/jamasurg.2020.0263
8. Brown A, Bonneville G, Glaze S. Nevertheless, they persisted: how women experience gender-based discrimination during postgraduate surgical training. *J Surg Educ*. 2021;78(1):17-34. https://doi.org/10.1016/j.jsurg.2020.06.027
9. Neto M, Ferreira AI, Martinez LF, Ferreira PC. Workplace bullying and presenteeism: the path through emotional exhaustion and psychological wellbeing. *Ann Work Expo Health*. 2017;61(5):528-538. https://doi.org/10.1093/annweh/wxx022
10. Newman ML. Here we go again: bullying history and cardiovascular responses to social exclusion. *Physiol Behav*. 2014;133:76-80. https://doi.org/10.1016/j.physbeh.2014.05.014
11. Chatziioannidis I, Bascialla FG, Chatzivalsama P, Vouzas F, Mitsiakos G. Prevalence, causes and mental health impact of workplace bullying in the neonatal intensive care unit environment. *BMJ Open*. 2018;8(2):e018766. https://doi.org/10.1136/bmjopen-2017-018766
12. Kim Y, Lee E, Lee H. Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses. *PLoS One*. 2019;14(12):e0226506. https://doi.org/10.1371/journal.pone.0226506
13. Cullinan J, Hodgins M, Hogan V, Pursell L. The value of lost productivity from workplace bullying in Ireland. *Occup Med (Lond)*. 2020;70(4):251-258. https://doi.org/10.1093/occmed/kqaa067
14. Kivimäki M, Elovainio M, Vahtera J. Workplace bullying and sickness absence in hospital staff. *Occup Environ Med*. 2000;57(10):656-660. https://doi.org/10.1136/oem.57.10.656
15. *Behaviors That Undermine a Culture of Safety*. The Joint Commission; 2008. Sentinel Event Alert 40. Accessed August 18, 2023. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_40.pdf
16. Iyer MS, Way DP, MacDowell DJ, Overholser B, Spector ND, Jagsi R. Why gender-based bullying is normalized in academic medicine: experiences and perspectives of women physician leaders. *J Womens Health (Larchmt)*. 2023;32(3):347-355. https://doi.org/10.1089/jwh.2022.0290
17. *ACGME Common Program Requirements (Fellowship)*. Accreditation Council for Graduate Medical Education; 2022. Accessed August 18, 2023. https://www.acgme.org/globalassets/pfassets/programrequirements/cprfellowship_2023.pdf
18. *ACGME Common Program Requirements (Residency)*. Accreditation Council for Graduate Medical Education; 2022. Accessed August 18, 2023. https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf
19. *LCME Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the*

MD Degree. Association of American Medical Colleges/American Medical Association; 2023.

20. Iyer MS, Choi Y, Hobgood C. Presence and comprehensiveness of antibullying policies for faculty at US medical schools. *JAMA Netw Open*. 2022;5(8):e2228673. https://doi.org/10.1001/jamanetworkopen.2022.28673
21. AMA Policy H-515.951: Violence and Abuse: Bullying in the Practice of Medicine H-515.951. American Medical Association. Updated 2020. Accessed August 18, 2023. https://policysearch.ama-assn.org/policyfinder/detail/AMA%20Policy%20H-515.951?uri=%2FAMADoc%2FHOD.xml-H-515.951.xml
22. AMA adopts new policy aimed at preventing bullying in medicine. American Medical Association. 2020. Accessed August 18, 2023. https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-aimed-preventing-bullying-medicine
23. Johnson SL, Boutain DM, Tsai JHC, de Castro AB. Managerial and organizational discourses of workplace bullying. *J Nurs Adm*. 2015;45(9):457-461. https://doi.org/10.1097/NNA.0000000000000232
24. Scott K. *Just Work: How to Root out Bias, Prejudice, and Bullying to Build a Kick-Ass Culture of Inclusivity*. St. Martin's Press; 2021.
25. The 5Ds of bystander intervention. Right to Be. Accessed August 18, 2023. https://righttobe.org/guides/bystander-intervention-training/
26. Sue DW, Spanierman LB. *Microaggressions in Everyday Life*. 2nd ed. Wiley; 2020.
27. Bullying Prevention Training Center. StopBullying.gov. Accessed 2023. https://www.stopbullying.gov/resources/training-center
28. Bullying prevention training & resources. California Department of Education. Accessed August 18, 2023. https://www.cde.ca.gov/ls/ss/se/bullyres.asp
29. Bullying Recognition and Response Online Training. Keenan. Accessed August 18, 2023. https://www.keenan.com/Knowledge-Center/School-Safety-Center/Online-Training-Courses
30. CirclePoint Bullying Prevention Program. Accessed August 18, 2023. https://www.circlepointprogram.org/
31. Services for organizations. Workplace Bullying Institute. Accessed August 18, 2023. https://workplacebullying.org/healthy-safe-workplace/
32. Partnering to prevent workplace bullying and mistreatment using international and integrative perspectives. Work Wellness Institute webinar. Accessed August 18, 2023. https://ecampus.workwellnessinstitute.org/courses/partnering-to-prevent-workplace-bullying?gclid=Cj0KCQjw_r6hBhDdARIsAMIDhV8muyXE417_sjwB9YUQEzRFXjdh6jiuO5R945Zd96ImX72gSHubGNIaAuy3EALw_wcB
33. Workplace bullying training for supervisors & employees. Training. Accessed August 18, 2023. https://demo.jjkellertraining.com/courses/workplace-bullying-and-violence
34. Park M, Choi JS. Development and evaluation of a workplace bullying cognitive rehearsal-based nursing simulation education program: a mixed-methods study. *Int J Environ Res Public Health*. 2023;20(6):4974. https://doi.org/10.3390/ijerph20064974
35. Stagg SJ, Sheridan D, Jones RA, Speroni KG. Evaluation of a workplace bullying cognitive rehearsal program in a hospital setting. *J Contin Educ Nurs*. 2011;42(9):395-401. https://doi.org/10.3928/00220124-20110823-22
36. Cresswell K, Sivashanmugarajan V, Lodhi W, Yoong W. Bullying workshops for obstetric trainees: a way forward. *Clin Teach*. 2015;12(2):83-87. https://doi.org/10.1111/tct.12261
37. Griffith M, Clery MJ, Humbert B, et al. Exploring action items to address resident mistreatment through an educational workshop. *West J Emerg Med*. 2019;21(1):42-46. https://doi.org/10.5811/westjem.2019.9.44253
38. Wilkins KM, Goldenberg MN, Cyrus KD. ERASE-ing patient mistreatment of trainees: faculty workshop. *MedEdPORTAL*. 2019;15:10865. https://doi.org/10.15766/mep_2374-8265.10865
39. Farid H, Dalrymple JL, Mendiola M, Royce C, Young B, Atkins KM. Improving the obstetrics and gynecology learning environment through faculty development. *MedEdPORTAL*. 2022;18:11246. https://doi.org/10.15766/mep_2374-8265.11246
40. Hock LE, Barlow PB, Scruggs BA, et al. Tools for responding to patient-initiated verbal sexual harassment: a workshop for trainees and faculty. *MedEdPORTAL*. 2021;17:11096. https://doi.org/10.15766/mep_2374-8265.11096
41. Thomas PA, Kern DE, Hughes MT, Chen BY, eds. *Curriculum Development for Medical Education: A Six-Step Approach*. 3rd ed. Johns Hopkins University Press; 2016.

Received: December 27, 2022
Accepted: July 18, 2023
Published: October 3, 2023