

Perceived Stalking by a Patient: An Educational Case Report

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Resident physicians are at high risk of depression and burnout. In response, graduate medical education (GME) training programs are advised “to promote patient safety, resident well-being, and interprofessional team-based care.”¹ In certain training programs, particularly those that deal with patients in emergency situations, patient safety and resident well-being may also require specific consideration of physical safety. We describe a case scenario as a cautionary tale highlighting the importance of resident safety beyond the confines of the hospital or clinic building. We suggest a possible role for intentional education to ensure trainees’ attention to online safety and privacy safeguards.

GME trainees will encounter individuals with criminal records and antisocial personality disorder.^{2,3} Given the lack of consensus on how to clinically or ethically treat patients with such diagnoses,^{3,4} in tandem with the federal government’s capacity to involuntarily commit these individuals,⁵ trainees may find themselves in situations where they are uncertain about their physical safety.⁶ They may also be unaware of potential risks of stalking, for which reason we describe the illustrative case of a patient who later visited the home of one of the residents who treated him. While our scenario focuses on resident psychiatry physicians, trainees in all specialties will potentially encounter criminally involved, disgruntled, and/or sociopathic patients in emergency department, inpatient medical, trauma surgery, or obstetric settings.

Clinical Scenario

Mr. AS, a young man with a history of personality disorder with antisocial, borderline, and histrionic features, was admitted under court order for evaluation and potential psychiatric treatment after making provocative and murderous statements to his

school counselor about a classmate. AS had a history of stalking and threatening this classmate, including breaking into the classmate’s home on multiple occasions. After careful diagnostic evaluation, AS was kept in the hospital involuntarily for 13 months under the care of a team including resident physicians rotating on the service. AS expressed anger and animosity toward the team’s residents for continuing to hold him against his will. Several residents worried that AS might engage in retaliatory behavior and were distressed to realize that their personal information was easily and publicly accessible through online voter registration and public property records.

Approximately 1 year after discharge, AS unexpectedly appeared at the front door of the home of one of the trainees (RY) involved in his hospital-based care. Neither AS nor RY acknowledged their previous clinical relationship, and AS said he was there for piano lessons with RY’s roommate. The encounter left RY shaken. Had AS arrived by chance, or had he come with piano lessons as an alibi for premeditated harm? Should RY warn his roommate?

RY consulted with his coresidents, who were similarly alarmed, before he reached out to his residency program director for advice. His program director validated his concerns, reinforced his professional duties, including attention to patient privacy and confidentiality, and arranged for mentorship with a staff forensic psychiatrist. The forensic psychiatrist reviewed RY’s medicolegal options and provided support to RY as he thought through them. Ultimately, RY elected to monitor the situation, as did most of his colleagues; one was motivated to install a home alarm system for enhanced safety. None of the residents (all of whom have since completed training and moved to other states) have had further contact with AS.

Lessons Learned

Promoting resident well-being is a complex and multifaceted task that demands attention to

DOI: <http://dx.doi.org/10.4300/JGME-D-21-01201.1>

psychological and physical safety in addition to traditional facets of well-being and self-care. We have identified 4 major categories to consider when working to optimize resident well-being (BOX).

Psychological Safety

Residents may have difficulty recognizing supports available to them. Shame and uncertainty may prevent help-seeking.^{7,8} In the specific situation described with AS, trainees did not initially articulate their safety concerns to their program director, relying instead on peers for support and advice.⁹⁻¹⁵ While it is absolutely important for GME program directors to refrain from participating in medical or psychiatric care of their trainees, it is also important for program directors to foster an environment of psychological safety in which trainees are able to seek guidance in situations when they are unsure of appropriate next steps.¹⁶⁻²² In times of trainee distress, it may be necessary for program directors to adopt an approachable and multifaceted role (eg, validating concerns, arranging further counsel),^{23,24} placing evaluative functions as secondary until appropriate mentorship can be identified.

Close and Intentional Supervision

Trainees may feel conflicted in trying to reconcile ethical patient care with personal safety, or they may lack full knowledge of the system of care. Also, particularly when patients are criminally involved, trainees may accurately recognize gaps or liabilities in the system. The residents caring for AS would have benefited from more holistic, intentional supervision with explicit consideration of their specific ethical and treatment concerns. Because trainees encountering difficult patient interactions may feel “split” in reconciling these concerns, close, regularly scheduled, and specific supervision with an invitation to discuss ethical challenges and emotional reactions to patient situations can optimize patient care as well as resident safety.²⁵⁻²⁹

Targeted Mentorship

It is helpful for program directors to refer their trainees for specific mentorship in topics that lie beyond their own professional expertise.^{12,30} In the case of Mr. AS, trainees had specific personal safety concerns and were balancing moral, ethical, and legal issues. For this reason, it was important for the program director to identify an expert in legal aspects of patient care to provide mentorship, guidance, and feedback.

BOX Recommendations for Promoting Residents' Psychological and Physical Safety

Psychological Safety

- An environment in which trainees can seek guidance when unsure of the appropriate next steps
- An approachable program director with a multifaceted role (eg, validating concerns, arranging further council)

Close and Intentional Supervision

- Close, regularly scheduled supervision with an invitation to discuss ethical challenges and emotional reactions to patient situations

Targeted Mentorship

- A program director who refers trainees to mentorship on specific topics outside of their expertise (eg, legal and ethical challenges of patient care)

Confidentiality and Privacy Safeguards

- Lessons on how to scrub a digital footprint, adjust social media privacy settings, recognize stalking behaviors, file a police report/restraining order, and offer resources and rehabilitative interventions for criminal offenders

Confidentiality and Privacy Safeguards

In an era of easily accessible online information, physicians in practice and training alike will be well served by proactively guarding their personal information and digital footprint. It can be jarring and distressing to realize after the fact that personal information, including names of family members, home address and cost, and participation in various community activities, is easily retrievable through simple online searching. We recommend specific instruction, including lessons on how to scrub a digital footprint, how to adjust social media privacy settings,³¹ how to recognize stalking behaviors, how to file a police report or restraining order, and how to maintain awareness of resources and rehabilitative interventions for criminal offenders.³²

The moment of realization that a patient may be stalking a health care provider is anxiety-provoking and potentially traumatic. Shame, self-doubt, and lack of clarity regarding roles and expectations may result in delayed help-seeking. The scenario described with patient AS may serve as a starting point for residency program directors to prepare and support trainees by promoting psychological safety, regularly scheduled and intentional supervision, targeted mentorship, and explicit discussions about online footprints and ways to safeguard personal information.

References

1. Accreditation Council for Graduate Medical Education. Summary of Proposed Changes to ACGME Common Program Requirements Section VI. Accessed December

- 2, 2021. <https://acgme.org/what-we-do/accreditation/common-program-requirements/summary-of-proposed-changes-to-acgme-common-program-requirements-section-vi/>
2. Sigler A. Risk and Prevalence of Personality Disorders in Sexual Offenders. Published online June 1, 2017. Accessed December 2, 2021. https://academicworks.cuny.edu/jj_etds/23
3. Lösel F, Schmucker M. The effectiveness of treatment for sexual offenders: a comprehensive meta-analysis. *J Exp Criminol*. 2005;1(1):117-146. doi:10.1007/s11292-004-6466-7
4. National Collaborating Centre for Mental Health (UK). *Antisocial Personality Disorder: Treatment, Management and Prevention*. Leicester, UK: British Psychological Society; 2010.
5. Sreenivasan S, Weinberger LE, Garrick T. Expert testimony in sexually violent predator commitments: conceptualizing legal standards of “mental disorder” and “likely to reoffend.” *J Am Acad Psychiatry Law*. 2003;31(4):471-485.
6. Snowden P, Kane E. Personality disorder: no longer a diagnosis of exclusion. *Psychiatr Bull*. 2003;27(11):401-403. doi:10.1192/pb.27.11.401
7. Muhamad Ramzi NSA, Deady M, Petrie K, Crawford J, Harvey SB. Help-seeking for depression among Australian doctors. *Intern Med J*. 2021;51(12):2069-2077. doi:10.1111/imj.15035
8. Kalmoe MC, Chapman MB, Gold JA, Giedinghagen AM. Physician suicide: a call to action. *Mo Med*. 2019;116(3):211-216.
9. Hilliard R, Harrison C, Madden S. Ethical conflicts and moral distress experienced by paediatric residents during their training. *Paediatr Child Health*. 2007;12(1):29-35. doi:10.1093/pch/12.1.29
10. Jackson H, Judd F, Komiti A, et al. Mental health problems in rural contexts: what are the barriers to seeking help from professional providers? *Aust Psychol*. 2007;42(2):147-160. doi:10.1080/00050060701299532
11. McIntyre N, Popper K. The critical attitude in medicine: the need for a new ethics. *Br Med J (Clin Res Ed)*. 1983;287(6409):1919-1923. doi:10.1136/bmj.287.6409.1919
12. Burgunder-Zdravkovski L, Guzman Y, Creech C, Price D, Filter M. Improving palliative care conversations through targeted education and mentorship. *J Hosp Palliat Nurs*. 2020;22(4):319-326. doi:10.1097/NJH.0000000000000663
13. Plyley TJ, Cory JM, Flexman AM. Near-peer mentorship compared with traditional mentorship in the University of British Columbia anesthesia residency program. *Can J Anesth*. 2020;67(11):1655-1657. doi:10.1007/s12630-020-01739-9
14. Pethrick H, Nowell L, Paolucci EO, et al. Peer mentoring in medical residency education: a systematic review. *Can Med Educ J*. 2020;11(6):e128-e137. doi:10.36834/cmej.68751
15. Fournier M, Tourian L. A peer mentoring initiative across medical residency programs. *Ment Health Soc Incl*. 2019;24(1):33-40. doi:10.1108/MHSI-09-2019-0027
16. Bynum WE, Haque TM. Risky business: psychological safety and the risks of learning medicine. *J Grad Med Educ*. 2016;8(5):780-782. doi:10.4300/JGME-D-16-00549.1
17. Torralba KD, Loo LK, Byrne JM, et al. Does psychological safety impact the clinical learning environment for resident physicians? Results from the VA's learners' perceptions survey. *J Grad Med Educ*. 2016;8(5):699-707. doi:10.4300/JGME-D-15-00719.1
18. Tsuei SHT, Lee D, Ho C, Regehr G, Nimmon L. Exploring the construct of psychological safety in medical education. *Acad Med*. 2019;94(suppl 11):28-35. doi:10.1097/ACM.0000000000002897
19. Schachter J, Leung C, Appelbaum N, Santern S, Vota S. Surveying the clinical learning environment in terms of wellness, burnout, psychological safety, and mistreatment in a neurology residency program at an academic medical centre. *Neurology*. 2019;92(suppl 15):9-27.
20. Appelbaum NP, Dow A, Mazmanian PE, Jundt DK, Appelbaum EN. The effects of power, leadership and psychological safety on resident event reporting. *Med Educ*. 2016;50(3):343-350. doi:10.1111/medu.12947
21. Edmondson AC, Higgins M, Singer S, Weiner J. Understanding psychological safety in health care and education organizations: a comparative perspective. *Res Hum Dev*. 2016;13(1):65-83. doi:10.1080/15427609.2016.1141280
22. Torralba KD, Jose D, Byrne J. Psychological safety, the hidden curriculum, and ambiguity in medicine. *Clin Rheumatol*. 2020;39(3):667-671. doi:10.1007/s10067-019-04889-4
23. Manalo E, Trafford J. Learning diversity and the multifaceted roles of tertiary learning advisors. *Int J Divers Organ Commun Nations Annu Rev*. 2006;5(3):80-93. doi:10.18848/1447-9532/CGP/v05i03/39005
24. Cheung YL, Said SB, Park K. *Advances and Current Trends in Language Teacher Identity Research*. London, UK: Routledge; 2014.
25. Berggren I, Severinsson E. The influence of clinical supervision on nurses' moral decision making. *Nurs Ethics*. 2000;7(2):124-133. doi:10.1177/096973300000700205
26. AlMahmoud T, Hashim MJ, Elzubeir MA, Branicki F. Ethics teaching in a medical education environment: preferences for diversity of learning and assessment

- methods. *Med Educ Online*. 2017;22(1):1328257. doi:10.1080/10872981.2017.1328257
27. Huddle TS. Viewpoint: teaching professionalism: is medical morality a competency? *Acad Med*. 2005;80(10):885-891. doi:10.1097/00001888-200510000-00002
 28. Barilan YM, Brusa M. Deliberation at the hub of medical education: beyond virtue ethics and codes of practice. *Med Health Care Philos*. 2013;16(1):3-12. doi:10.1007/s11019-012-9419-3
 29. Murrell VS. The failure of medical education to develop moral reasoning in medical students. *Int J Med Educ*. 2014;5:219-225. doi:10.5116/ijme.547c.e2d1
 30. Roberts LW, Green Hammond KA, Geppert CMA, Warner TD. The positive role of professionalism and ethics training in medical education: a comparison of medical student and resident perspectives. *Acad Psychiatry*. 2004;28(3):170-182. doi:10.1176/appi.ap.28.3.170
 31. Schiffer Z. How to remove personal information from the internet. *Vox*. Accessed October 11, 2021. <https://www.vox.com/the-highlight/2019/9/11/20859597/internet-privacy-erase-history-google-facebook>
 32. Bernstein DP, Vos MK de, Clercx M, et al. Schema therapy for violent PD offenders: a randomized clinical trial [published online ahead of print June 15, 2021]. *Psychol Med*. doi:10.1017/S0033291721001161



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