

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	"It would not be tolerated in any other profession except medicine": Survey reporting on undergraduates' exposure to bullying and harassment in their first placement year
AUTHORS	Timm, Anja

VERSION 1 - REVIEW

REVIEWER	Heidi Lempp King's College London, UK
REVIEW RETURNED	18-Mar-2014

GENERAL COMMENTS	<p>This is an interesting and important study and will contribute towards a decision/discussion how to achieve zero-tolerance for bullying and harassment in undergraduate medical and nursing education. I have the following comments to make:</p> <ol style="list-style-type: none">1) I suggest to omit the name of the University and just state 'a University in England (as in the abstract)'. This is important in order to protect the students of disclosing this sensitive information.2) can the authors pl provide the Reference code of the Ethics approval from the Faculty of Medicine?3) can the authors state please whether they did send out reminders to both first placements' medical and nursing student groups to increase response rate, if yes how many, if not why not? I understood from the paper that it was not an anonymous survey?4) can the three questions be included in the paper that related to bullying and harassment, pl (from the overall survey)?5) can information be provided how the non-responders differed from the responders (assuming it was not an anonymous survey)?6) have students provided actual accounts of the bullying and harassment directed towards them, or only descriptions in the free text, as this would provide more powerful additional data?6) I suggest to include the gender and ethnicity of the medical and nursing students next to each identifier e.g. N45 female, and also the gender/ethnicity of the perpetrator; in my view this will provide additional and important dimensions to the data.7) I was intrigued but not surprised that following some students' report of bullying and harassment, more by nursing than medical students (which did not surprise me), no information was provided in the paper what the mentor or ward sister planned to do with the information, apart from listening to the account and provide support. In my view this is very common, that the incidents will be reported but without any consequences/planned actions based on guidelines.8) I would have liked to read more about the culture of medicine in the Background and/or Discussion section that allows such unprofessional and damaging behaviour of health care staff continue
-------------------------	---

	to be tolerated. Staff continue to display such unacceptable behaviour/attitudes towards junior staff, seemingly lacking any degree of accountability.
--	--

REVIEWER	Illing, Jan Durham University, UK
REVIEW RETURNED	28-Mar-2014

GENERAL COMMENTS	<p>Thank you for inviting me to review this paper. The topic is an interesting one, however I thought it would benefit from some revisions.</p> <p>The abstract would benefit from revision; there are no outcome measures as such as the main focus of the paper is on textual analysis of open questions. Please add the number of medical students and the number of nursing students that took part.</p> <p>The introduction could have provided more information about bullying including a definition and some of the references at the end of the paper would be better used here to set the scene.</p> <p>I was surprised that Carter et al 2013 BMJ Open was not referred to as this paper is being submitted to the same journal and Carter et al is a more up to date reference. The reference Illing et al (20) is used inaccurately -this is about the staff survey.</p> <p>The methods section would benefit from more information about recruitment to the study and how students were informed about the survey.</p> <p>Add demographics to the results e.g. age, gender, ethnicity etc.</p> <p>The term variance is used incorrectly, suggest editing this to difference .</p> <p>The main survey question does not provide a time frame and asks two questions in one. How was this analysed?</p> <p>Please provide a reference for the definition of bullying used in the questionnaire.</p> <p>Most of the paper focused on the 74 responses to open questions, please provide percentages for those who answered this question.</p> <p>Please clarify "highest number on incident recorded"</p> <p>I understand the nurses are provided with a mentor who works with them on placement. This does not seem to be present for the medical students. The quotes suggest the mentor provides support for the nurses. This is an important difference, yet you have not discussed this and how having a mentor may explain the differences between medical and nursing students.</p> <p>The negative workplace culture could also be expanded on in the discussion.</p> <p>Robust is used incorrectly in discussion section, suggest trustworthiness.</p>
-------------------------	--

	<p>Please check date when GMC (previously PMETB survey) introduced bullying questions as these were used prior to 2010</p> <p>The limitations section is missing</p>
--	--

VERSION 1 – AUTHOR RESPONSE

Heidi Lempp's comments:

1. Thank you for this comment. References to the site have been removed where possible and the suggested term 'a University in England' has been used instead.
2. The ethics approval reference code (SOMSEC 085.10) is now provided in the methods section, my apologies for not including this information in the original submission.
3. Re: participant recruitment and reminders – further details have now been added to the methods section.
4. Re: inclusion of actual survey questions – actual questions (and answer formats) have now been added into the methods section.
5. Re: potential to analyse responders-vs-non-responders: At the end of the survey, participants could opt to leave contact details, i.e. to take advantage of a prize draw and or to indicate willingness to participate in the workshop. The information was collected for those purposes only. The survey itself was anonymous and hence it is not possible to follow this recommendation.
6. There were two points marked '6', so I have differentiated between them below.
A - Re: more detailed accounts by students: The survey did not collect any additional material about actual accounts, i.e. none other than the free text.
B – Re: inclusion of gender and ethnicity information. Unfortunately, we did not collect this data (though I wish we had).
7. Thank you for your comment about whether and how staff and institutions follow up on students' reports of bullying and harassment. Unfortunately, we did not survey staff members on this topic; only students. However, we ran several staff development events - both within the professions and across – where we disseminated our survey findings. We have had fascinating comments, feedback and quite different reports on how the results have been used at the different research sites.
8. Re: potential to add more about the culture of medicine. Thank you for this suggestion. Given that this paper compares medical students' experiences with those of nursing students, the inclusion of the broader cultural context would have also necessitated an inclusion of the literature on the culture of nursing. As a social anthropologist, I think that would make for a very interesting paper, however, it would also be considerably longer and much more detailed. This particular article for the BMJ is intended to contribute to the policy debate about bullying and harassment. By publishing it here and now – whilst there is debate about what happens with doctors in training – it is hoped that the findings and recommendations are taken on board by the relevant bodies. For this purpose, the shorter the article, the better (I think).

Jan Illing's comments:

1. Re: abstract revision. The number of participants has now been included. Thank you also for your comment about the outcome measures, with which I agree completely. However, all article submissions to the BMJ are required to follow a particular format and the inclusion of this aspect was mandatory. Presumably it is up to the editor to decide either way – I have added a comment into the revised manuscript.
2. Re: introduction. Thank you for your thoughts and comments about moving references from the end of the paper to the introduction. My sense is that their current location is appropriate in that they support the reader in following the argument and in thinking about what the next appropriate steps might be.
3. Re: inclusion of Carter et al 2013 – thank you for your clarification, and apologies for the

inaccuracy. I meant to quote both the NHS staff survey and the report. I have revised this sentence now. By quoting the original report (rather than the subsequent BMJ publication) I seek to emphasise just how important the issue is to the sector and how committed it is to change (via commissioning evidence synthesis and funding original research). Moreover, I think that it is an excellent report that deserves to be read. The Carter 2013 reference was added, as suggested.

4. Re: recruitment to the study and information provided to invitees – additional information on the recruitment process has now been included in the methods section (it was also requested by the other reviewer).

5. Re: adding demographic information to the results. As noted above in the response to the other reviewers' comments, we did not collect this (though with hindsight, I wished we had).

6. Re: usage of the term variance – revised as suggested.

7. Re: Time frame of the survey and asking two questions at once – the methods section now lists all three questions (Q8-10) as they were asked in the online survey. Q8 contains the timeframe (i.e. "Thinking about all your placements..."). The analysis differentiated between participants' accounts of experiencing and witnessing incidents (though it did not differentiate between bullying and harassment). The survey responses were grouped into the following categories: 1. Experienced personally, 2. Witnessed, 3. More general descriptions rather than individual incidences, i.e. 'bad atmosphere' and 4. Incidences involving patients. This is now also made clearer in the paper itself.

8. To include the definition of bullying used in the questionnaire – please see Methods section, which now provides the question text as it was asked, including the definition contained in Q8: "... (bullying or harassment refers to something happening which is unwelcome, unwarranted and causes a detrimental effect)".

9. Percentages of those who answered the open questions – thank you for the suggestion, these have now been added.

10. Re: "highest number on incident recorded" – this sentence was revised.

11. Re: Difference in support available to nursing and medical students – this is now highlighted in the discussion section, second paragraph (as suggested). Thank you for pointing out that this needed strengthening.

12. Potential to add discussion about negative workplace culture. Thank you for this idea. I agree that negative workplace culture is clearly an important aspect in this debate. However, the focus of this article is on using the quantitative results to make a particular point to policy makers and to recommend the inclusion of undergraduate students' experiences as bullying and harassment are increasingly being addressed by the GMC.

13. Re: usage of the term robust – revised as suggested.

14. Date of GMCs introduction of bullying questions – thank you for your consideration and comments. Since I work primarily on undergraduate education, I did not know that the PMETB surveys included questions on bullying and harassment. You are correct, of course: questions about bullying and harassment feature in the PMETB surveys at least back to 2006 (i.e. in all those reports available on the GMC website).

In the manuscript, I was following the GMC's own statement from the "NTS 2012 Key Findings" (p.4): "This year we included a new indicator called 'undermining' which asks questions about behaviour (including bullying) that subverts, weakens or wears away the confidence of trainees."

(http://www.gmc-uk.org/education/national_summary_reports.asp). I have now revised the text to reflect more closely the GMC's statement. I would be happy to include a footnote to refer to the PMETB reports, but I am not sure on the BMJ formatting guidelines on footnotes.

15. Re: missing limitations section – I was following the BMJ guidelines for authors, which seem to suggest that the traditional limitation section has been subsumed by the "Article Summary", which is to include both strengths and limitations of the study (in no more than five bullet points).

VERSION 2 – REVIEW

REVIEWER	Heidi Lempp King's College London England
REVIEW RETURNED	20-May-2014

GENERAL COMMENTS	<p>This paper is highly relevant and important and an essential contribution to make others aware of the often outdated medical school culture within which such unprofessional and unacceptable behaviour continuous to be tolerated by health care staff.</p> <p>1) I suggest to make a reference (and definition) either in the background section and/or discussion section about medical school culture to which students are acculturated to. This is an important concept and a reason why so little progress has been made to ensure zero tolerance of harassment and bullying, despite, as the authors correctly state, lots of evidence in the literature.</p> <p>2) I would suggest to add in Box 2 an ANNUAL NTS survey amongst UK medical schools, as trends can then easily identified. This happens in the US for years, of which some questions relate to bullying and harassment</p> <p>3) I wonder whether direct accounts (qualitative data from free text) by medical and nursing students in the tables 2-5 would make more powerful statements. As it currently stands, the text reads rather passively and descriptive. Not sure if the authors has personal quotes from the survey.</p> <p>4) there is no socio-demographic info available in the paper can this be included pl? The gender of the perpetrators and the students who receiving the bullying and harassment in my view is very important, can the author include this in the findings, as this will bring further dimensions to the results.</p>
-------------------------	---

VERSION 2 – AUTHOR RESPONSE

1) I suggest to make a reference (and definition) either in the background section and/or discussion section about medical school culture to which students are acculturated to. This is an important concept and a reason why so little progress has been made to ensure zero tolerance of harassment and bullying, despite, as the authors correctly state, lots of evidence in the literature.

Response: Thank you for this comment, which is helpful. I have now added a paragraph to the discussion and another sentence in the conclusion; both provide further references.

2) I would suggest to add in Box 2 an ANNUAL NTS survey amongst UK medical schools, as trends can then easily identified. This happens in the US for years, of which some questions relate to bullying and harassment

Response: Thank you for this suggestion. I have now included this.

3) I wonder whether direct accounts (qualitative data from free text) by medical and nursing students in the tables 2-5 would make more powerful statements. As it currently stands, the text reads rather passively and descriptive. Not sure if the authors has personal quotes from the survey.

Response: Apologies for not making this clearer within the manuscript, but the text in the tables are direct quotes. I have made slight amendments to reflect this.

4) there is no socio-demographic info available in the paper can this be included pl? The gender of the perpetrators and the students who receiving the bullying and harassment in my view is very important, can the author include this in the findings, as this will bring further dimensions to the

results.

Response: Unfortunately, not. At the time, we did not collect this data. I agree that it would add a dimension, but I do not have it.