

# SHAME IN MEDICINE: THE LOST FOREST

EPISODE GUIDE



EPISODE 5.  
INDOCTRINATION

the  
NOCTURNISTS





## How to Use This Guide

Though shame is everywhere in medicine, the topic is taboo, which can make it difficult to discuss. To help, we've prepared discussion guides for each episode of our audio documentary series, *Shame in Medicine: The Lost Forest*, to facilitate conversations between friends, colleagues, and leaders.

This discussion guide is for **Episode 5. Indoctrination**

You'll find:

- Episode summary
- Notes from behind the scenes
- Discussion questions
- A medical trainee's reflection on the episode
- Additional resources

Lastly, talking about shame can be challenging, emotionally and interpersonally. Please feel free to use our **facilitator toolkit** for leading and organizing conversations around shame. You can find additional resources at [thenoctrnists-shame.org/engage](https://thenoctrnists-shame.org/engage).



Illustration by Beppe Conti



## Episode 5. "Indoctrination" Summary

In medical culture, shame is often wielded as a teaching tool. We shame learners for not knowing, for forgetting, for making mistakes. When does this serve us? When is it harmful? Is there a better way?

### Behind the Scenes

We got numerous story submissions from medical learners while making this series, and were struck by how difficult it was in many cases to distinguish between shame that resulted from overtly shame-inducing teaching practices, and shame that resulted from generally acceptable teaching practices but a person who was shame-prone for external reasons. It seemed important to at least try and distinguish these cases, and choose stories that mostly fall in the first category, because we were hoping to shine a light specifically on how baked-in shame is as a teaching tool in the world of medicine. In the end, this episode left us with more questions than answers: how do we create healthy learning environments in a high-stakes and public profession where shame is nearly inevitable?

### Discussion Questions

1. How do these stories resonate with your own experience in medicine? How did you respond when you were in similar situations?
2. Why do you think shame pervades the culture of medical education?
3. How much of shame-inducing experiences in medical education result from decisions of the learner versus reflect qualities of the teacher?
4. Think of a time you felt shame during your medical training. How did that experience impact your learning, and overall sense of wellbeing in the medical workplace?
5. How do you create an environment of psychological safety for learners?



## A Trainee Reflects on Episode 5. "Indoctrination"

### Reflection by a MS2 Student

"As a medical student just embarking on clinical rotations, I cling to the reassurances that the culture of medicine is changing, that shame will figure less prominently in my training than it has for generations of physicians before me. I take comfort in the growing attention to medical education as a field of research in tandem with initiatives to foster healthier learning environments by identifying and eliminating mistreatment. Yet, stories of humiliation like those told in this episode are a reality check; I will grapple with shame to some extent, despite well-intentioned teachers and concerted efforts to increase respect for trainees.

Some of these feelings may be experienced internally, like Emily's paralyzing uncertainty about how to react to a needlestick while learning a new suturing technique. I have only spent one day in an OR, but I could immediately relate to her description of feeling under an "aggressive gaze," and "watched like a hawk" by the scrub nurses vigilantly maintaining the sterile field. Imagining this environment dominated by a "swashbuckling" attending and residents routinely mocked by the rough attending themselves, Emily's determination to not interrupt the case or call attention to herself is understandable. The troubling consequence is that her insistence on minimizing the incident could have caused serious harm to her physical wellbeing.

With feedback as a primary teaching tool of training, harsh statements from superiors are another powerful source of shame for learners. One startling example in this episode is a response of a chief resident to an intern mistakenly discharging a patient without anticoagulant therapy. Upon learning of his error from his chief, the intern felt a gut punch. His confidence was then shattered at the conclusion of the call when the chief stated he could not be trusted to make decisions anymore, words that haunted the intern.

Delivering strongly negative feedback is also unpleasant for the giver. This was demonstrated by a later story told from the opposite perspective of a chief remediating an intern whose performance raised serious concerns for months, after which the chief struggled with his sharp critical approach. I hope that other leaders similarly reflect on whether their behavior perpetuates "constant self-critique" and question unkind aspects of medical training that have become normalized and rationalized as helping younger trainees learn from trial and error.

*(Continued on next page.)*



## A Trainee Reflects on Episode 5. "Indoctrination" (cont.)

The argument that intense emotions can etch lessons firmly into our memory is one of the rationalizations used for the practice of putting learners on the spot, or "pimping." The medical student who is berated by her attending when she cannot identify an EKG rhythm as atrial fibrillation emphasizes during her retelling how she will never forget the distinctive rhythm. I, too, can clearly recall answers to several questions I have been asked in the hospital that I was not able to answer in the heat of the moment. However, the questions asked of me thus far have been posed in a gentle manner, designed to help me make connections and actively engage in my learning, in stark contrast to the behavior demonstrated by the attending in this story. There are boundaries of questions that will build a student's knowledge rather than chip away at their fragile confidence. I want to believe that egregious behavior, like that of the overbearing senior resident towards the final narrator during her residency, is an extremely rare occurrence in today's training settings. I will soon judge for myself how much the culture has truly changed."





## Resources

### Listen:

- Academic Medicine Podcast, [Shame Experiences in Premedical and Medical Students with Dr. Will Bynum](#).
- Educator's Podcast, [Shame Resilience in Medical Education with Dr. Will Bynum](#)

### Read:

- Bynum WE IV, Teunissen PW, Varpio L. [In the “shadow of shame”: A phenomenological exploration of the nature of shame experiences in medical students](#). *Academic Medicine*. 2021.
- Bynum WE IV, Adams AV, Edelman CE, Uijtdehaage S, Artino AR Jr, Fox JW. [Addressing the Elephant in the Room: A Shame Resilience Seminar for Medical Students](#). *Academic Medicine*. 2019.
- Bynum WE IV, Artino AR Jr, Uijtdehaage S, Webb AMB, Varpio L. [Sentinel Emotional Events: The Nature, Triggers, and Effects of Shame Experiences in Medical Residents](#). *Academic Medicine*. 2019.
- Bynum WE IV, Artino AR Jr. [Who Am I, and Who Do I Strive to Be? Applying a Theory of Self-Conscious Emotions to Medical Education](#). *Academic Medicine*. 2018.
- Bynum WE IV, Varpio L, Lagoo J, Teunissen PW. [‘I’m unworthy of being in this space’: The origins of shame in medical students](#). *Medical Education*. 2021.
- Bynum WE IV. [Filling the feedback gap: the unrecognised roles of shame and guilt in the feedback cycle](#). *Medical Education*. 2015.
- Bynum WE IV. [Assessing for Learner Shame Should Be a Routine Part of Remediation for Unprofessional Behavior](#). *Academic Medicine*. 2017.



## Read (cont):

- Davies O, Dolezal L, Bynum WE IV, Wu C., and Berry H. [Needlestick](#). New England Journal of Medicine. 2022.
- Lindström UH, Hamberg K, Johansson EE. [Medical students' experiences of shame in professional enculturation](#). Medical Education. 2011.
- Lycette JL. [Shame Runs Deep in Medical Training; We Can Release It by Owning Our Own Stories](#). Medscape. 2021.
- Markman JD, Soeprono TM, Combs HL, Cosgrove EM. [Medical student mistreatment: understanding 'public humiliation'](#). Medical Education Online. 2019.
- Mumby H. [The Shame Spiral](#). The Shame Conversation. 2022.
- Shaw G. [What 'Learning by Shame' Does to Young Doctors](#). Emergency Medical News. May 2019.
- Ofri D. [Ashamed to Admit It: Owning up to Medical Error](#). Health Affairs. 2010.
- Whelan B, Hjörleifsson S, Schei E. [Shame in medical clerkship: "You just feel like dirt under someone's shoe"](#). Perspectives on Medical Education. 2021.
- Whelan B, Schei E, Hutchinson T. [Shame in medical education: A mindful approach](#). The International Journal of Whole Person Care. 2020

## Watch:

- Goldman B. [Doctors make mistakes. Can we talk about that?](#) TEDxToronto 2010.

