False Accusations Against Residents: A Training Program's Perspective

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The overwhelming majority of physicians possess fine moral character and are accustomed to academic and professional success. After a lifetime of focused endeavor, they have little experience with being “called to the principal’s office,” let alone being questioned by police. Privileged with the honor and authority of their position, they may not recognize their vulnerability to allegations of misconduct until the danger comes knocking at their door.

An article appearing in this issue of *Academic Psychiatry*, “Occupational Hazard: The Experience of a False Patient Accusation,” describes the often-terrifying experience that physicians face when subjected to an investigation into their behavior or professional practices, whether by their residency program, their licensing board, or legal authorities. The author, a resident in Child and Adolescent Psychiatry, narrates a somewhat Kafkaesque story of being falsely accused of sexual misconduct with a young patient. For residents, supervisors, and institutions, an allegation of sexual misconduct on the part of a child-and-adolescent psychiatry resident is a nightmarish scenario, and the dangers involved if the situation is poorly managed are very real. The institutional response to such allegations may be quite conflicted as the institution tries to balance its need to protect and support its trainees against its need to protect its patients from actual harm. Hospital and residency programs, when faced with an allegation of inappropriate sexual conduct on the part of a trainee, must consider the unthinkable—that one of their own residents has engaged in heinous behaviors against their patients.

The institution may consider itself to have “Tarasoff” obligations to protect patients who are at-risk (or who might become at-risk). In one widely publicized case,

Garamella v. New York Medical College, a supervising psychiatrist was found liable for failing to report the pedophilic tendencies of a resident who was both under his supervision and was his analysand, when the resident was subsequently found to have sexually abused a child patient (1). The institution may overreact defensively, and, in the name of “risk-management,” distance itself from the trainee, for instance, by placing strict limitations on the trainee’s ongoing work and participation in the life of the residency program. As a result, the resident may end up feeling even more isolated, unsupported, and “toxic” than he or she otherwise would. The response of supervisors and training directors may be conflicted, as well, as they struggle with their personal and professional loyalties to the resident involved. Their faith in the resident is sustenance for the falsely accused, but may blind them to the rare instances of genuine malfeasance on the part of their trainees. Furthermore, the clunky, ponderous, and seemingly erratic nature of the legal system’s response may do little to instill confidence that real justice will eventually be served.

For residents falsely accused, as chillingly described in the accompanying article, the experience is often terrifying, isolating, and disorienting. At no time is a resident more in need of support and guidance from his or her training program than in such circumstances. Such experiences are genuinely traumatic for those who go through them, and there is a real danger that, in the aftermath, the resident will be less capable of tolerating the risks inherent in this work or numbed to the satisfactions that it so often provides. Other residents, watching their colleague suffer in this way, may experience a sort of vicarious traumatization, themselves. What can be done to help protect residents from false allegations, or at the least to minimize the damage that they cause? A cardinal rule of risk-management is “Never worry alone,” and one of the critical practices that training programs need to teach is that of active

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and early consultation with supervisors, specialists, and colleagues around challenging cases. Residency programs can set an expectation that senior supervisors and directors are consistently and enthusiastically available to consult on difficult cases, and the culture of the program should be one where residents are encouraged to share both emotionally and clinically challenging situations. Also, training in the forensic aspects of psychiatric practice, or what has been referred to as Therapeutic Risk Management (2), can help residents and supervisors understand the role of the legal system in influencing psychiatric practice, as well as the specific requirements of the state in which they are training.

Residents need to be helped to tolerate the anxiety associated with forensically-charged situations, and to avoid inappropriate defensive practices, while keeping their focus on providing good clinical care. As a part of this, training directors and supervisors can stress the singular importance of effective documentation, reflecting not just what decisions were made, but also the thought process that went into the decision. Establishing respectful and trusting relationships with our patients and their families is one of the most effective techniques to minimize the risk of a lawsuit or a false allegation. This is challenging in the era of managed care, and especially so in child-and-adolescent psychiatry, where the patient and the parent may have quite different agendas and expectations.

There are three primary skills that residency programs

can teach to help foster such relationships: 1) residents need to understand their medical/legal responsibilities toward patients and families (especially in cases of semi-autonomous adolescents or parents in discord); 2) residents must appreciate and communicate to their patients the limits of what is known in the field and learn to practice with a sort of authoritative humility; and 3) residents must learn to tune in to negative affect in the therapeutic relationship and pay attention when their patients become frustrated or upset. In the end, there are no fool-proof protections against false allegations, and the harm that they can do to a career and a reputation is very real. We choose to work with troubled and troubling patients, which offers both genuine rewards and genuine risk. Residency programs can help prepare trainees to face such risks, work to minimize the chance of an allegation or the damage it might cause, and provide essential support and guidance to a trainee who is accused.

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