Mistreatment of Healthcare Students

2022 AVA Global Health Summit
October 27, 2022

Angela Mihalic, MD
Dean of Medical Students & Associate Dean for Student Affairs
Professor of Pediatrics
At the end of this session, participants will be able to:

• Describe the culture and other key factors that have perpetuated learner mistreatment in healthcare settings and describe the impact of mistreatment on learners.

• Delineate various initiatives implemented by academic medical centers to better define learner mistreatment and improve the learning environment and their overall effectiveness.

• Discuss strategies to break the cycle of abuse and impact the culture to improve the learning environment, combat burnout, and enhance overall well-being.
**Historical Context**

- 1961 Becker et al. *Boys in White*
  
  “One thing you have to understand is that most of us here will put up with just about anything if we really have to in order to get through....”

- 1984 Rosenberg DA, Silver KH, Medical Student Abuse- An Unnecessary and Preventable Cause of Stress- JAMA
  
  “The graduating physician is in the same trap [as the child who has been abused]- emotionally constricted and abused, he brings little understanding to his practice his constrictions begin to take their toll in burnout, dissatisfaction, alcoholism, and suicide- not a flattering picture of the obverse side of the efficient and scientific, contemporary American doctor; but the problem goes back to the deprivation and abuse that appears to be inherent in modern medical education.”

  “The faculty members fostering medical student abuse were themselves abused as students”

Historical Context

• 1990 Teacher-Learner Relationship in Medical Education - AMA Policy

“The AMA recommends that each medical education institution have a widely disseminated policy that (1) sets forth expectations and standards of behavior of the teacher and the learner, (2) delineates procedures for dealing with breaches....”

• 1992 AAMC’s Medical School Graduation Questionnaire
  – Collect info on students’ encounters with abuse

• Liaison Committee on Medical Education (LCME Accreditation Standard)

3.6 Student Mistreatment

A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

“On the Culture of Student Abuse in Medical School”

“The undesirable consequence to students socialized in this culture is that the behaviors may be adopted and directed to patients and colleagues. Indeed, it has been hypothesized that, as in child abuse, this may be a "transgenerational legacy that leads to future mistreatment of others by those themselves who have been mistreated."

“We can think of nothing more hostile to the learning of professionalism and cultural sensitivity then the educational environment rife with abuse of learners by their teachers and supervisors.”

Student Mistreatment Impacts All Health Professions

  - 79% respondents reported experiencing mistreatment (50.4% sexually oriented mistreatment, 47.5% verbal)
  - Medical, dental, allied medical sciences, pharmacy, and nursing (57-64% report at least one form)
- Rowland ML et al. Perceptions of intimidation and bullying in **Dental Schools**: a multi-national study. *International Dental Journal*. 2010; (60), 106-112. (34.5% reported intimidation)
Establishing a Positive Clinical Learning Environment in the Surgery Core Clerkship: A Video-Based Mistreatment Curriculum - Stanford

https://goodmancenter.stanford.edu/resources.html
Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.

Examples include:
- Sexual harassment
- Discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation
- Humiliation
- Psychological or physical punishment
- Use of grading and other forms of assessment in a punitive manner
Percent of respondents who indicated they personally experienced mistreatment, excluding publically embarrassed.
AAMC Graduation Questionnaire - Mistreatment

**Been publically humiliated**

- **2000:** Mostly Never, Some Once
- **2013:** Mostly Never, Some Once
- **2014:** Mostly Never, Some Occasionally
- **2015:** Mostly Never, Some Occasionally
- **2016:** Mostly Never, Some Occasionally
- **2017:** Mostly Never, Some Occasionally
- **2018:** Mostly Never, Some Occasionally
- **2019:** Mostly Never, Some Occasionally
- **2020:** Mostly Never, Some Occasionally
- **2021:** Mostly Never, Some Occasionally
- **2022:** Mostly Never, Some Occasionally

**Been required to perform personal services**

- **2000:** Mostly Never, Some Once
- **2013:** Mostly Never, Some Once
- **2014:** Mostly Never, Some Occasionally
- **2015:** Mostly Never, Some Occasionally
- **2016:** Mostly Never, Some Occasionally
- **2017:** Mostly Never, Some Occasionally
- **2018:** Mostly Never, Some Occasionally
- **2019:** Mostly Never, Some Occasionally
- **2020:** Mostly Never, Some Occasionally
- **2021:** Mostly Never, Some Occasionally
- **2022:** Mostly Never, Some Occasionally

**Been subjected to offensive sexist remarks/names?**

- **2000:** Mostly Never, Some Occasionally
- **2013:** Mostly Never, Some Occasionally
- **2014:** Mostly Never, Some Occasionally
- **2015:** Mostly Never, Some Occasionally
- **2016:** Mostly Never, Some Occasionally
- **2017:** Mostly Never, Some Occasionally
- **2018:** Mostly Never, Some Occasionally
- **2019:** Mostly Never, Some Occasionally
- **2020:** Mostly Never, Some Occasionally
- **2021:** Mostly Never, Some Occasionally
- **2022:** Mostly Never, Some Occasionally

**Been subjected to racially or ethinically offensive remarks/names?**

- **2000:** Mostly Never, Some Occasionally
- **2013:** Mostly Never, Some Occasionally
- **2014:** Mostly Never, Some Occasionally
- **2015:** Mostly Never, Some Occasionally
- **2016:** Mostly Never, Some Occasionally
- **2017:** Mostly Never, Some Occasionally
- **2018:** Mostly Never, Some Occasionally
- **2019:** Mostly Never, Some Occasionally
- **2020:** Mostly Never, Some Occasionally
- **2021:** Mostly Never, Some Occasionally
- **2022:** Mostly Never, Some Occasionally
## Mistreatment by Gender

### Table 2. Percentage of Students Self-reporting Mistreatment by Sex

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male, % (n = 14,153)</th>
<th>Female, % (n = 13,351)</th>
<th>P Valuea</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Mistreatment Typesc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>74.8</td>
<td>59.1</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>18.3</td>
<td>23.1</td>
<td>&lt;.001b</td>
</tr>
<tr>
<td>2</td>
<td>4.4</td>
<td>10.3</td>
<td></td>
</tr>
<tr>
<td>≥3</td>
<td>2.6</td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>Ever experienced any type of mistreatment</td>
<td>25.2</td>
<td>40.9</td>
<td>&lt;.001b</td>
</tr>
<tr>
<td>Subjected to sexist remarks or names</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>96.6</td>
<td>75.7</td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>1.6</td>
<td>11.9</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>More than once</td>
<td>1.8</td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td>Ever</td>
<td>3.4</td>
<td>24.3</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
## Mistreatment by Race

### Table 3. Percentage of Students Self-reporting Mistreatment by Race/Ethnicity

<table>
<thead>
<tr>
<th>Variable</th>
<th>Students, %&lt;sup&gt;a&lt;/sup&gt;</th>
<th>P Value&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White (n = 16,521)</td>
<td>Asian (n = 5,641)</td>
</tr>
<tr>
<td>No. of Mistreatment Types&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>76.0</td>
<td>68.1</td>
</tr>
<tr>
<td>1</td>
<td>19.2</td>
<td>21.2</td>
</tr>
<tr>
<td>2</td>
<td>3.6</td>
<td>5.9</td>
</tr>
<tr>
<td>≥3</td>
<td>1.3</td>
<td>4.8</td>
</tr>
<tr>
<td>Ever experienced any type of mistreatment</td>
<td>24.0</td>
<td>31.9</td>
</tr>
<tr>
<td>Subjected to racially/ethnically offensive remarks or names</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>97.5</td>
<td>87.1</td>
</tr>
<tr>
<td>Once</td>
<td>1.3</td>
<td>7.4</td>
</tr>
<tr>
<td>More than once</td>
<td>1.2</td>
<td>5.5</td>
</tr>
<tr>
<td>Ever</td>
<td>2.5</td>
<td>12.9</td>
</tr>
</tbody>
</table>
Mistreatment by Sexual Orientation

### Table 4. Percentage of Students Self-reporting Mistreatment by Sexual Orientation

<table>
<thead>
<tr>
<th>Variable</th>
<th>Heterosexual, %&lt;sup&gt;a&lt;/sup&gt; (n = 25,763)</th>
<th>LGB, %&lt;sup&gt;a&lt;/sup&gt; (n = 1,463)</th>
<th>P Value&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. of Mistreatment Types&lt;sup&gt;d&lt;/sup&gt;</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>76.4</td>
<td>56.5</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>20.0</td>
<td>27.1</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>2</td>
<td>2.8</td>
<td>11.4</td>
<td></td>
</tr>
<tr>
<td>≥3</td>
<td>0.8</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>Ever experienced any type of mistreatment</td>
<td>23.6</td>
<td>43.5</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Subjected to offensive remarks or names related to sexual orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>99.2</td>
<td>78.2</td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>0.4</td>
<td>10.5</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>More than once</td>
<td>0.5</td>
<td>11.3</td>
<td></td>
</tr>
<tr>
<td>Ever</td>
<td>0.8</td>
<td>21.8</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
Site of Medical Student Mistreatment

Clerkship-Specific Medical Student Mistreatment

Christopher Breed, Bethany Skinner, Joel Purkiss, Amanda Opaskar, Sally A. Santen, Rishindra Reddy, Joel Heidelberg, Maya Hammoud
2022- IN WHICH CLINICAL CLERKSHIPS DID YOU EXPERIENCE THE BEHAVIORS IDENTIFIED ABOVE?

- Surgery 36%
- Obstetrics and Gynecology/Women's Health 20%
- Internal medicine 15%
- Pediatrics 7%
- Psychiatry 4%
- Neurology 5%
- Other setting 8%
- Family medicine 5%
Source of Mistreatment - 2019-20 UTSW Internal Survey

<table>
<thead>
<tr>
<th>Source of Mistreatment</th>
<th>Pre-Clerkship Faculty</th>
<th>College Mentor</th>
<th>Clerkship Faculty</th>
<th>Post-Clerkship Faculty</th>
<th>Resident or Intern</th>
<th>Nurse</th>
<th>Administrator</th>
<th>Student</th>
<th>Publicly humiliated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preclerkship Faculty</td>
<td>3%</td>
<td>1%</td>
<td>42%</td>
<td>1%</td>
<td>36%</td>
<td>8%</td>
<td>3%</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Clerkship Faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>Post-Clerkship Faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>Resident or Intern</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Publicly humiliated

- Classroom: 11%
- Emergency Room: 5%
- TBL: 6%
- Operating Room: 51%
- Outpatient Clinic: 16%
- Delivery Room: 8%
- Colleges: 3%
Learner Neglect

“behavior(s) exhibited intentionally or unintentionally by a supervisor that prevent a learner from reaching his or her potential.”

AAMC Definition of Mistreatment

- Uncommon
- Common
- Uncommon

Poor

Abuse

- Harasses or Discriminates
- Physically, Sexually, or Psychologically Abuses

Learner Neglect

- Ignores students
- Doesn’t Teach

Adequate Teaching

- Provides some feedback, sets positive tone for team, professional

“Good” Teaching

- Provides consistent feedback, teaches daily, directly observes, sets expectations, creates team environment

Outstanding Teaching

Exemplary

Beyond mistreatment: Learner neglect in the clinical teaching environment

Samantha D. Buery-Joyner\textsuperscript{a}, Michael S. Ryan\textsuperscript{b}, Sally A. Santen\textsuperscript{b}, Allison Borda\textsuperscript{b}, Timothy Webb\textsuperscript{b} and Craig Cheifetz\textsuperscript{a}

• Invest
• Invite
• Invigorate
• Involve
• Invert

Romanski PA et al. The “Invisible Student”: Neglect as a Form of Medical Student Mistreatment, a Call to Action. J Surg Education. 77(6) 2020.
Mistreatment by Patients - ERASE

- Expect - that mistreatment will happen
- Recognize - when mistreatment occurs
- Address - the situation in real time
- Support - the trainee after the event
- Establish - a positive culture

Table 1

<table>
<thead>
<tr>
<th>Problem</th>
<th>Example</th>
<th>Intervention</th>
<th>Sample language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overt derogatory language</td>
<td>Patient uses racial slur in reference to a student participating in her care</td>
<td>Set clear limits</td>
<td>“This clinic/unit/department is an area where we treat each other with mutual respect. We cannot tolerate that kind of language.”</td>
</tr>
<tr>
<td></td>
<td>Angry patient yells misogynistic term at female resident</td>
<td></td>
<td>“Mr. X, we do not use that kind of language here. We are only trying to help you, which is harder to do when you talk like that.”</td>
</tr>
<tr>
<td>Microaggressions</td>
<td>Patient addresses female trainee as nurse</td>
<td>Education/explanation</td>
<td>“As she explained, Dr. Z is the resident physician who is caring for you. Nurses in this hospital wear blue scrubs and will introduce themselves as your nurse.”</td>
</tr>
<tr>
<td></td>
<td>Family member asks Latinx trainee to serve as interpreter</td>
<td></td>
<td>“Ms. X, this is not the interpreter; this is J., one of the medical students on our team. Have you met?”</td>
</tr>
<tr>
<td>“Complimentary” comments</td>
<td>Patient comments on student’s attractive appearance</td>
<td>Redirection/ re-framing</td>
<td>“I know you mean well, but we are more concerned about our students’ skills and abilities than their looks.”</td>
</tr>
<tr>
<td></td>
<td>Patient associates resident’s ethnicity with superior intelligence</td>
<td></td>
<td>“Ms. X, Dr. Z is an intelligent physician, but that has nothing to do with his ethnicity.”</td>
</tr>
</tbody>
</table>
Do you know the procedures at your school for reporting the mistreatment of medical students?

Yes  No

Did you report any of the behaviors to a designated faculty member or administration?

Yes  No
If there were incidents you did not report, why did you not report them?

- **The incident did not seem important enough to report**: 49.2% in 2001, increasing to 53.4% in 2022.
- **I resolved the issue myself**: 19.4% in 2001, decreasing to 13.3% in 2022.
- **I did not think anything would be done about it**: 36.6% in 2001, increasing to 41.7% in 2022.
- **Fear of reprisal**: 43.1% in 2001, decreasing to 31.4% in 2022.
- **I did not know what to do**: 20.9% in 2001, increasing to 10.8% in 2022.
- **Other**: 23.9% in 2001, decreasing to 7.3% in 2022.
• **Situating**- process through which students come to understand their position as learners

• **Experiencing and appraising**- experience they perceive as damaging and appraise whether it constitutes mistreatment

• **Reacting**- settle on how they will understand and share their experiences

• **Deciding**- choices about reporting- consider costs and potential outcomes vs. pos- altruistic desire to help prevent future learners

• **Moving forward**- resolution- lose trust if do not see outcome, support of peers significant in helping students move forward

**Causes**
- Hierarchy, silence, incognizance, fear, acceptance/denial, legacy of abuse

**Impact**
- Burnout, depression, stress, low self-confidence, suicidal ideation
- Impact home life, job satisfaction, increased alcohol consumption, smoking, drug use, loss of professionalism
- Increased incidence of medical errors- impacts patient safety

**Solutions**
- **Educate** residents and attending on what constitutes bullying and consequences of these actions
- Create an **anonymous reporting system** and committee to review complaints, educate on use
- **Standardization of training feedback** to residents, residents should provide feedback on program and staff
- **Creation of a culture** focused on patient safety, academics, team-based care, and well being *(Zero tolerance)*
- **Promotion and advertisement of resident support** – mentoring and mental health services, increased flexibility
Efforts to Prevent Mistreatment

Is it Mistreatment? 2020 Academic Med

Apply behaviors that are HUMANISTIC

Be deliberate in your sensitivity to learner values, culture, and background

Demonstrating sensitivity to learner vulnerability

Making suggestions tailored to learners as individuals

Extending equal learning opportunities and benefits to all

Exploiting power differential to control learners

Making offhand remarks that stereotype learners

Discriminating in treatment based on gender, race, ADA* factors, or other protected classes

EMPHASIZE

Avoid these unproductive attitudes and strategies

- offensive/disrespectful behaviors: Teaching, bullying, or personal attacks
- overgeneralizations: assuming that differences in performance mean someone will inevitably be deficient, so they aren’t treated fairly
- personalizations: blaming the sentiment that mistreatment prepared for: language
- personalizations: sharing regret that learners are simply self-centered
- complainer: using partial reasons or political symptoms as a justification for reinforcement
- ignoring learners’ avoidants: sidestepping difficult feedback conversations, which is unkind and often viewed as insensitive
- relying too heavily on humor: using it as a means to build camaraderie, which may be misinterpreted, may be offensive at another’s or a group’s expense, and may be offensive

References:

Author contact: L-Altlman@uwaterloo.ca
Efforts to Prevent Mistreatment

Creating a Positive Learning Environment

A Faculty Guide

Kindness, respect and cultural humility are among the tenets that help inform our University of Vermont Larner College of Medicine (Professional Education). As we strive to embody these tenets in our daily interactions, our learning environment inevitably improves. In that spirit, we have compiled a list of strategies, i.e., things to say — and not to say — that we hope can be helpful as we all work together to create and maintain a positive learning environment, free of mistreatment, for all our trainees.

Six Easy Things We Can Do to Help Create a Positive Learning Environment

1. Be welcoming and inclusive: Simple suggestions for starting off on the right foot:
   - Welcoming phrases:
     - ‘Welcome, I look forward to working with you.’
     - ‘I’d like to introduce you to the [to the staff members, so you know the team]. I’d like you to feel part of the team.’
   - Consider setting the stage for students to bring you any concerns in real time by saying something like: ‘I am here to help you have a great experience in [name of clerkship/residency].’
   - Consider meeting the expectations for this rotation and prepare for you for your career in medicine, regardless of your specialty choice. If you have concerns about the specialty, student.

Resources

https://www.med.uvm.edu/mededucation/learningenvironment/faculty_resources

Positive Learning Environment and Mistreatment Prevention Module

We expect that this module will take no more than 30 minutes to complete.

Start Module
David Geffen School of Medicine- Efforts to Address Mistreatment

  - 1995: Gender and Power Abuse Committee created
  - 1999-2000: Statement on Supporting an Abuse-Free Academic Community, Ombuds Office for Medical Sciences for reporting
  - 2001-2005: Formal reporting process for reporting and investigation, comprehensive educational program targeting students, residents, and faculty. Mandatory training during resident orientation, Grand Rounds for faculty.
  - 2006-2008: California mandated two-hour sexual harassment training every two years
- None of the measures after 1998 resulted in a decrease in overall incidence in mistreatment
Discussion

• What are some factors that have contributed to the hidden curriculum and persistence of mistreatment?

• What factors, events led to the rise of mistreatment by patients and families?

• Efforts to eradicate learner mistreatment have largely not been effective?
  – What are some of the reasons?
  – What novel approaches may have a greater impact?
  – Could we be masking improvements within an era of improved awareness and greater recognition and detection efforts?

• How might we break the cycle of abuse and impact the culture to improve the learning environment, combat burnout, and enhance overall well-being?