UT Southwestern Medical Center

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

Objectives

At the end of this session, participants will be able to:

- Describe the culture and other key factors that have perpetuated learner mistreatment in health care 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

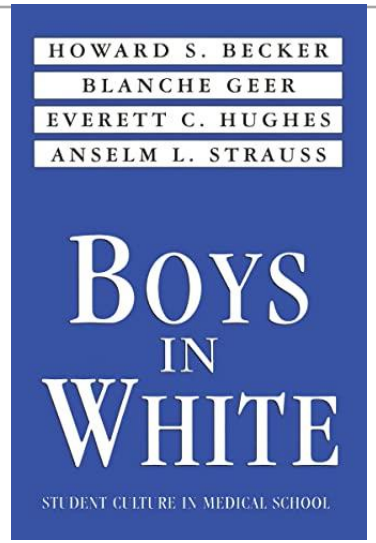
- 1961 Becker et al. *Boys in White*

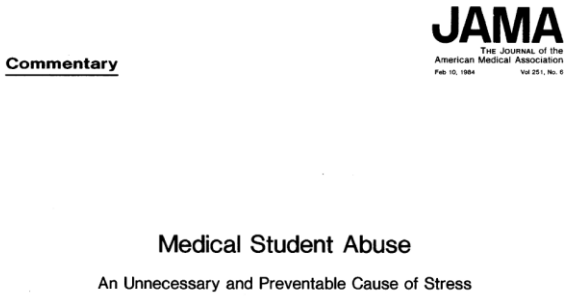
"One thing you have to understand is that most of us here will put up with just about anything if we really have to in order to get through...."

- 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"





Kassebaum DG. Cutler ER. On the Culture of Student Abuse in Medical School. Acad Med 1998;73:1149.

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...."


Medical Education

Teacher-Learner Relationship In Medical Education H-295.955

Topic: Medical Education
Meeting Type: Interim
Action: Reaffirmed
Council & Committees: Board of Trustees

Policy Subtopic: NA
Year Last Modified: 2020
Type: Health Policies

- 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.*

Kassebaum DG. Cutler ER. On the Culture of Student Abuse in Medical School. Acad Med 1998;73:1149.

"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."*

Kassebaum DG. Cutler ER. On the Culture of Student Abuse in Medical School. Acad Med 1998;73:1149.

Student Mistreatment Impacts All Health Professions

- Asprey DP. **Physician Assistant** Students' Perceptions of Mistreatment during Training. *The Journal of Physician Assistant Education*. 2006
  - 79% respondents reported experiencing mistreatment (50.4% sexually oriented mistreatment, 47.5% verbal)
- Al-Hussain SM et al. Prevalence of mistreatment and justice of grading system in five health related faculties in Jordan University of Science and Technology. *Medical Teacher*. 2008 (30:e82).
  - **Medical, dental, allied medical sciences, pharmacy, and nursing -** (57-64% report at least one form)
- Knapp K, et al. Bullying in the Clinical Training of **Pharmacy Students**. *American Journal of Pharmaceutical Education* 2014; 78 (6) Article 117.
- 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)
- Bynum WE, Lindeman B. Caught in the Middle: A **Resident Perspective** on Influences From the Learning Environment That Perpetuate Mistreatment. *Academic Medicine*. 2016.

Establishing a Positive Clinical Learning Environment in the Surgery Core Clerkship: A Video-Based Mistreatment Curriculum- Stanford

https://goodmancenter.stanford.edu/resources.html

Mistreatment Defined- AAMC

Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.

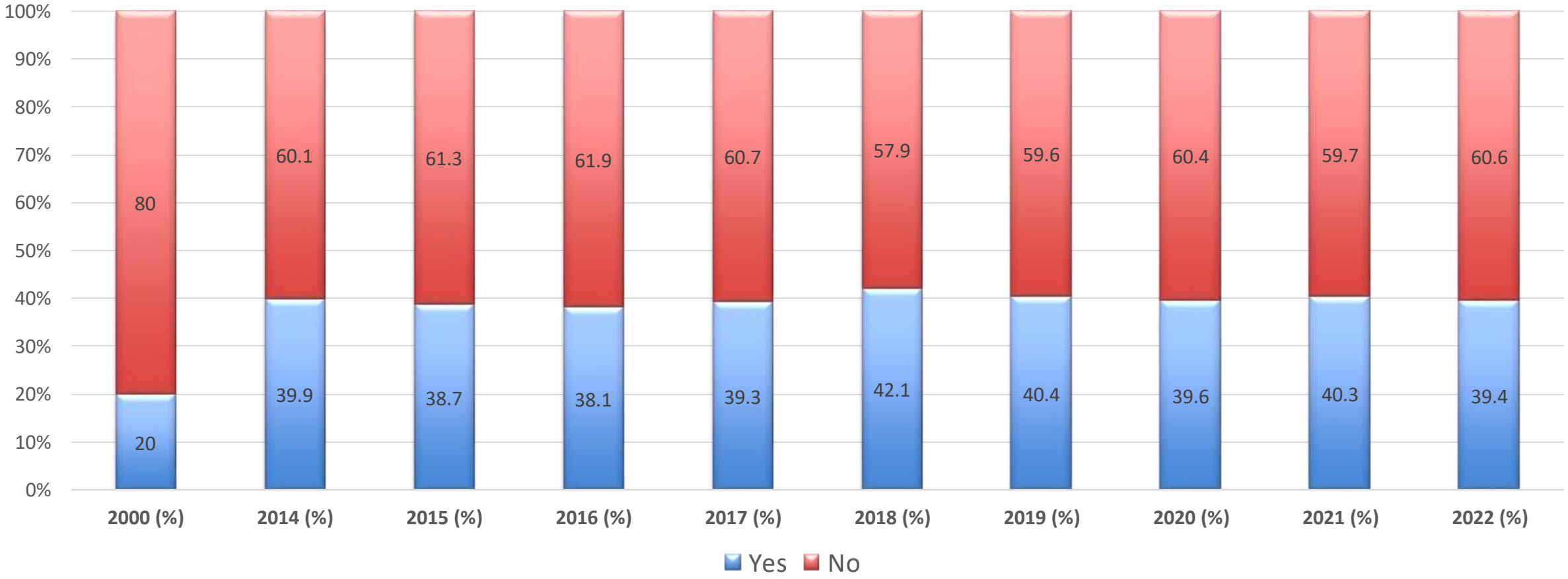
Examples include:

- 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

Acad Med. 2014;89:693–695.
doi: 10.1097/ACM.0000000000000226

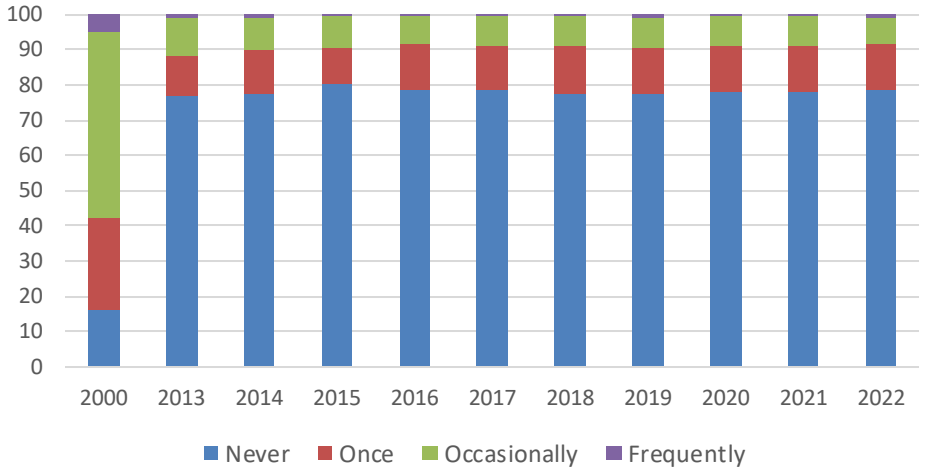
AAMC Graduation Questionnaire- Mistreatment

Percent of respondents who indicated they personally experienced mistreatment, excluding publically embarrassed.

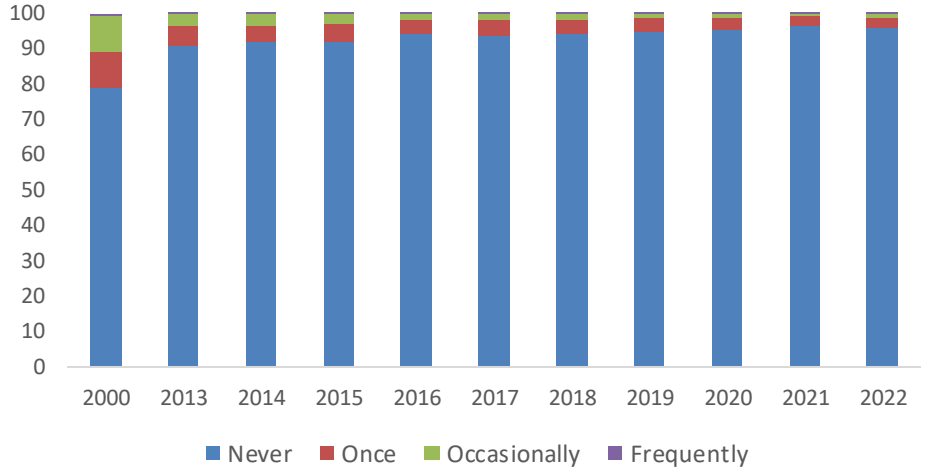


AAMC Graduation Questionnaire- Mistreatment

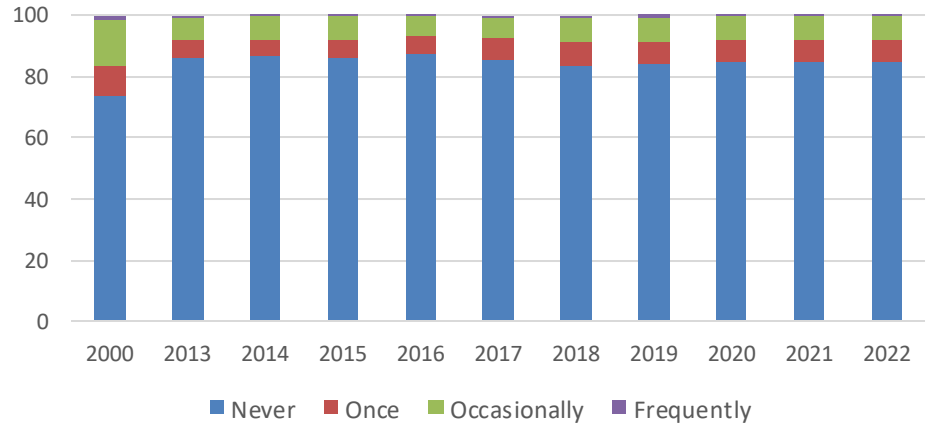
Been publically humiliated



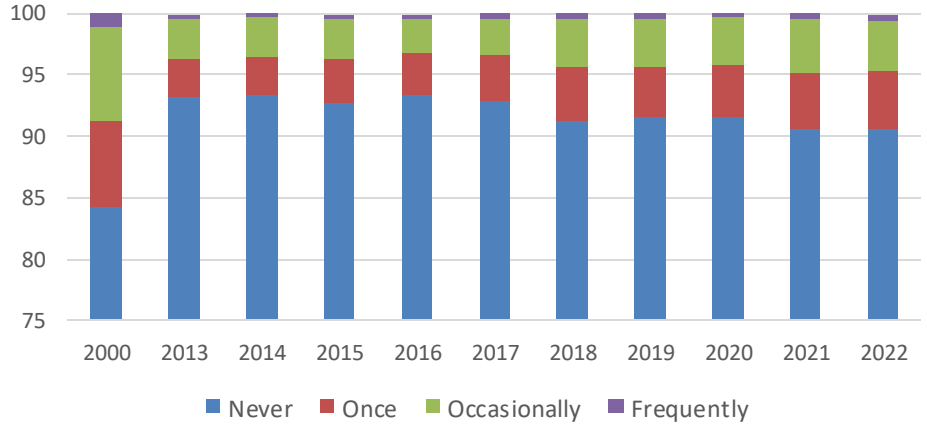
Been required to perform personal services



Been subjected to offensive sexist remarks/names?



Been subjected to racially or ethinically offsensive remarks/names?



Mistreatment by Gender

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Assessment of the Prevalence of Medical Student Mistreatment by Sex, Race/Ethnicity, and Sexual Orientation

JAMA Internal Medicine May 2020 Volume 180, Number 5

Katherine A. Hill, BA, BS; Elizabeth A. Samuels, MD, MPH, MHS; Cary P. Gross, MD; Mayur M. Desai, PhD, MPH; Nicole Sitkin Zelin, MD; Darin Latimore, MD; Stephen J. Huot, MD, PhD; Laura D. Cramer, PhD, ScM; Ambrose H. Wong, MD, MSEd; Dowin Boatright, MD, MBA, MHS

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

Variable	Male, % (n = 14 153)	Female, % (n = 13 351)	*P* Value[a]
No. of Mistreatment Types[c]			
0	74.8	59.1	
1	18.3	23.1	<.001[b]
2	4.4	10.3	
≥3	2.6	7.5	
Ever experienced any type of mistreatment	25.2	40.9	<.001[b]
Subjected to sexist remarks or names			
Never	96.6	75.7	
Once	1.6	11.9	<.001[b]
More than once	1.8	12.5	
Ever	3.4	24.3	<.001[b]

Mistreatment by Race

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Assessment of the Prevalence of Medical Student Mistreatment by Sex, Race/Ethnicity, and Sexual Orientation

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

Variable	Students, %[a] White (n = 16 521)	Asian (n = 5641)	URM (n = 2433)	Multiracial (n = 2376)	*P* Value[b]
No. of Mistreatment Types[d]					
0	76.0	68.1	62.0	67.1	<.001[c]
1	19.2	21.2	21.7	21.5	
2	3.6	5.9	8.4	7.3	
≥3	1.3	4.8	7.9	4.0	
Ever experienced any type of mistreatment	24.0	31.9	38.0	32.9	<.001[c]
Subjected to racially/ethnically offensive remarks or names					
Never	97.5	87.1	81.1	90.4	<.001[c]
Once	1.3	7.4	8.9	5.0	
More than once	1.2	5.5	10.0	4.6	
Ever	2.5	12.9	18.9	9.6	<.001[c]

Mistreatment by Sexual Orientation

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Assessment of the Prevalence of Medical Student Mistreatment by Sex, Race/Ethnicity, and Sexual Orientation

JAMA Internal Medicine May 2020 Volume 180, Number 5

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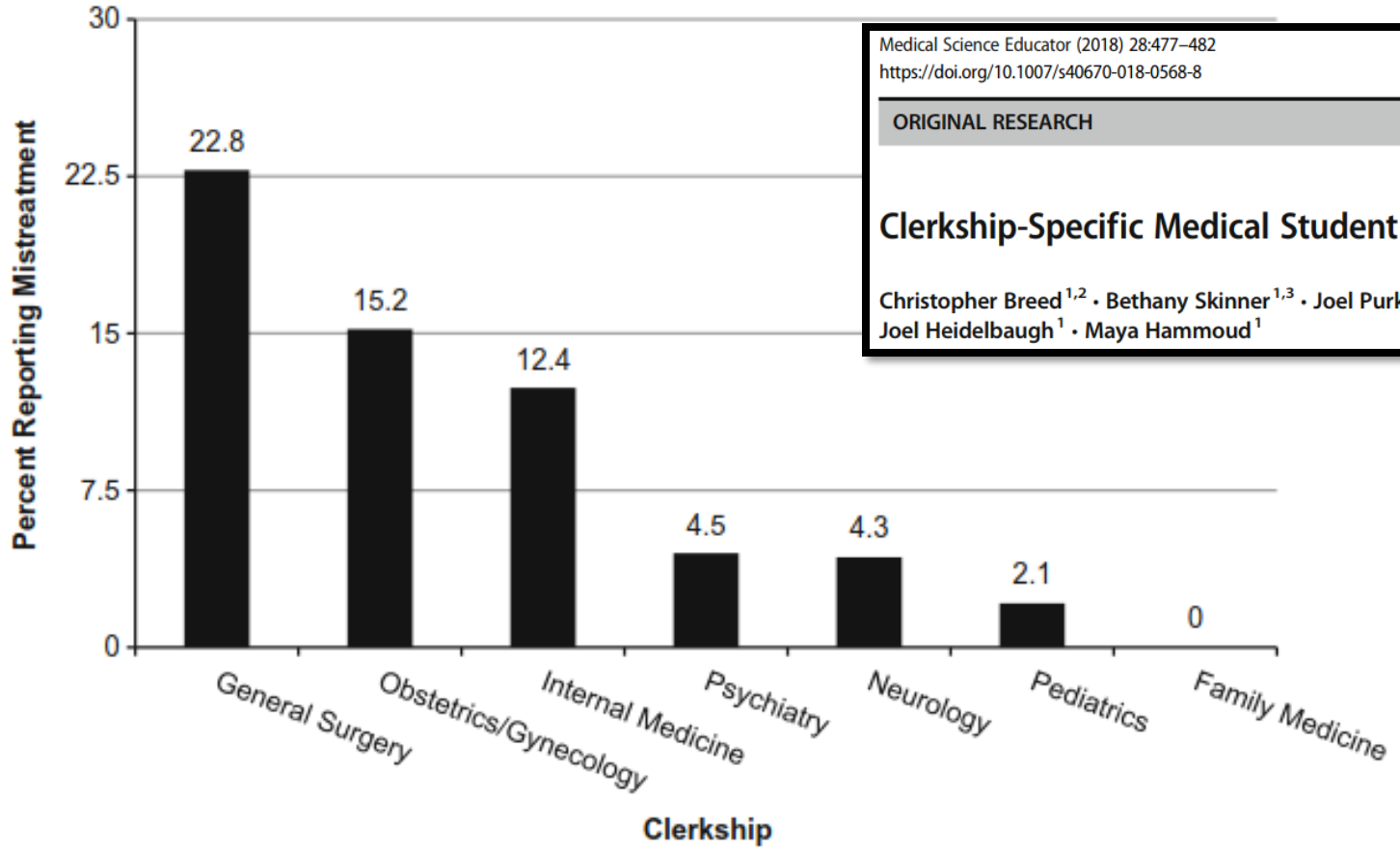
Table 4. Percentage of Students Self-reporting Mistreatment by Sexual Orientation

Variable No. of Mistreatment Types[d]	Heterosexual, %[a] (n = 25 763)	LGB, %[a] (n = 1463)	*P* Value[b]
0	76.4	56.5	<.001[c]
1	20.0	27.1	
2	2.8	11.4	
≥3	0.8	5.0	
Ever experienced any type of mistreatment	23.6	43.5	<.001[c]
Subjected to offensive remarks or names related to sexual orientation			
Never	99.2	78.2	<.001[c]
Once	0.4	10.5	
More than once	0.5	11.3	
Ever	0.8	21.8	<.001[c]

Site of Medical Student Mistreatment



Medical Science Educator (2018) 28:477–482
https://doi.org/10.1007/s40670-018-0568-8

ORIGINAL RESEARCH

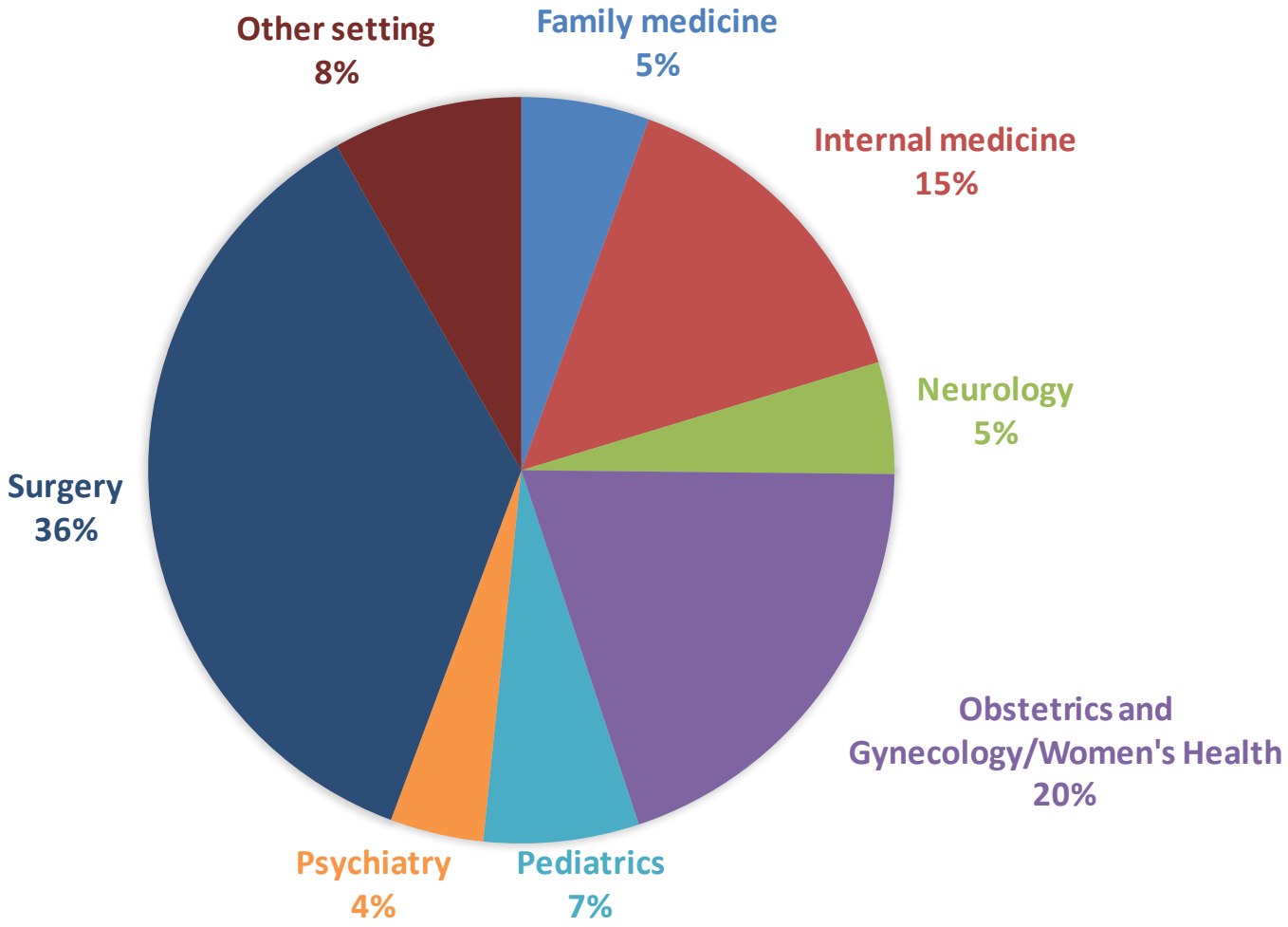
CrossMark

Clerkship-Specific Medical Student Mistreatment

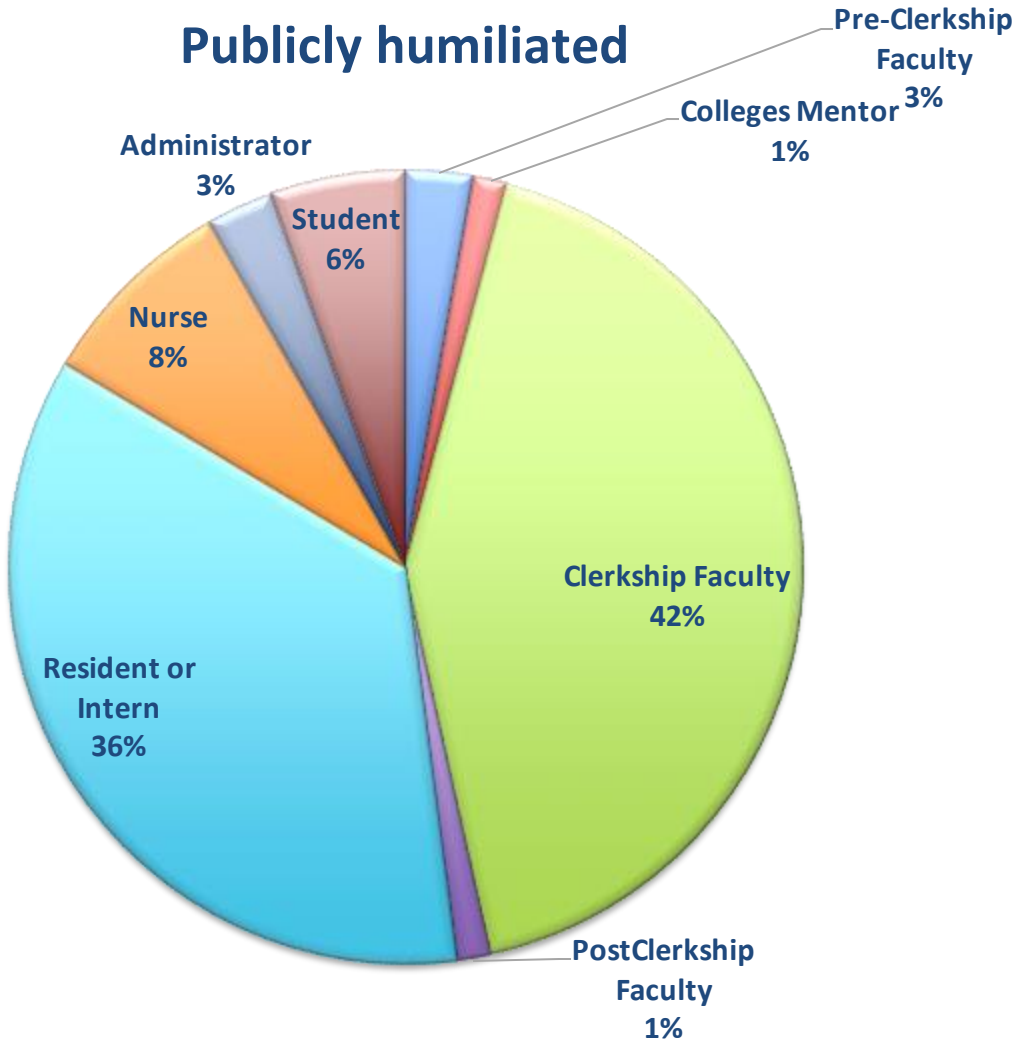
Christopher Breed[1,2] · Bethany Skinner[1,3] · Joel Purkiss[1] · Amanda Opaskar[1,4] · Sally A. Santen[1] · Rishindra Reddy[1] · Joel Heidelbaugh[1] · Maya Hammoud[1]

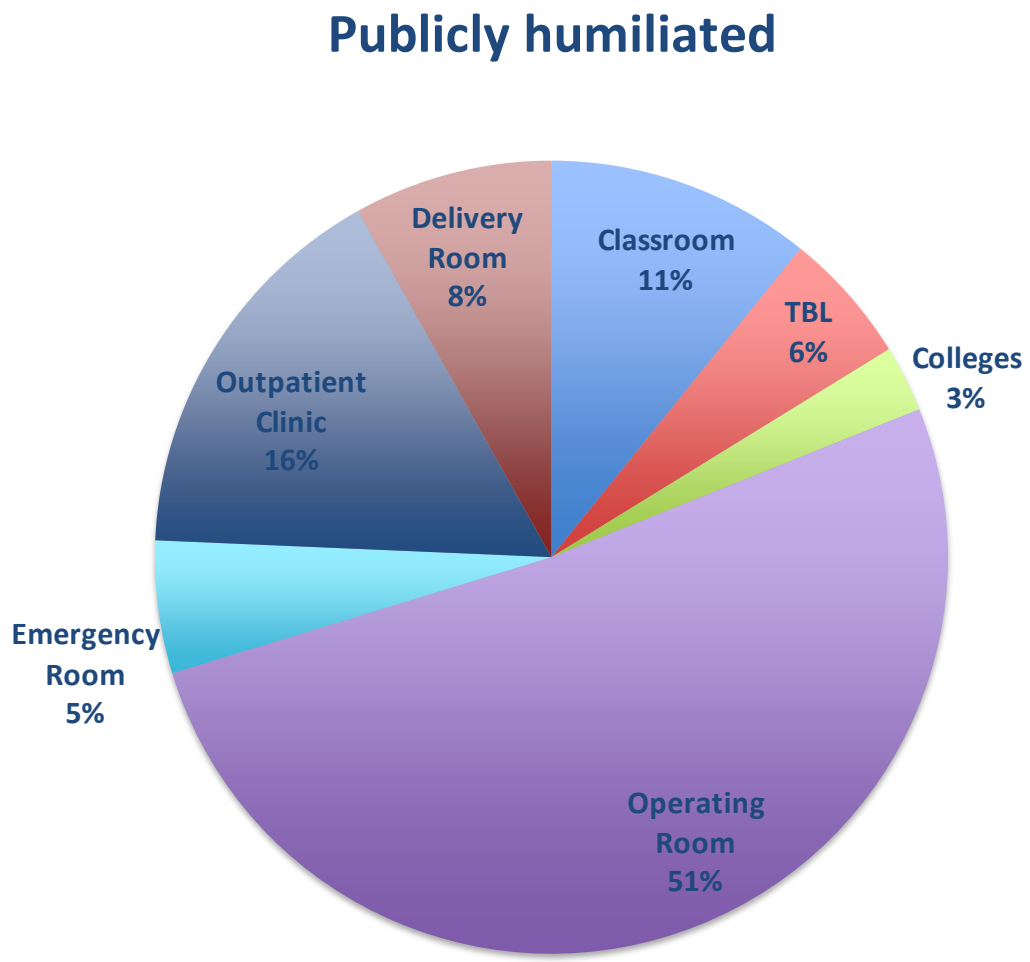
AAMC Graduation Questionnaire- Mistreatment – Site of Behavior

2022- IN WHICH CLINICAL CLERKSHIPS DID YOU EXPERIENCE THE BEHAVIORS IDENTIFIED ABOVE?



Source of Mistreatment- 2019-20 UTSW Internal Survey





Learner Neglect

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

MEDICAL TEACHER
2019, VOL. 41, NO. 8, 949–955
https://doi.org/10.1080/0142159X.2019.1602254

MEDICAL TEACHER

Taylor & Francis
Taylor & Francis Group

Check for updates

Beyond mistreatment: Learner neglect in the clinical teaching environment

Samantha D. Buery-Joyner[a], Michael S. Ryan[b], Sally A. Santen[b], Allison Borda[b], Timothy Webb[b] and Craig Cheifetz[a]

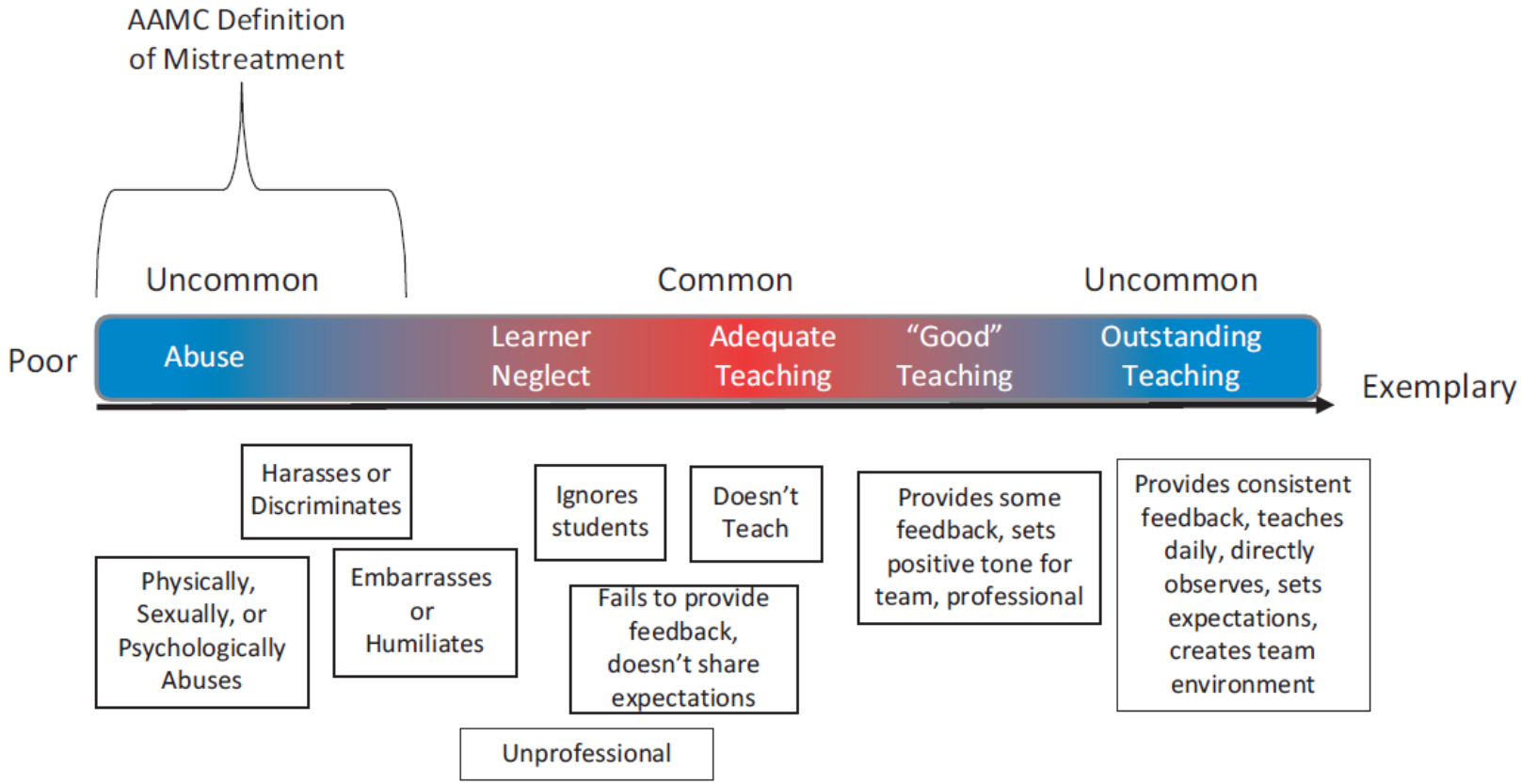


Figure 1. Theoretical heatmap of behaviors encountered in the clinical learning environment.

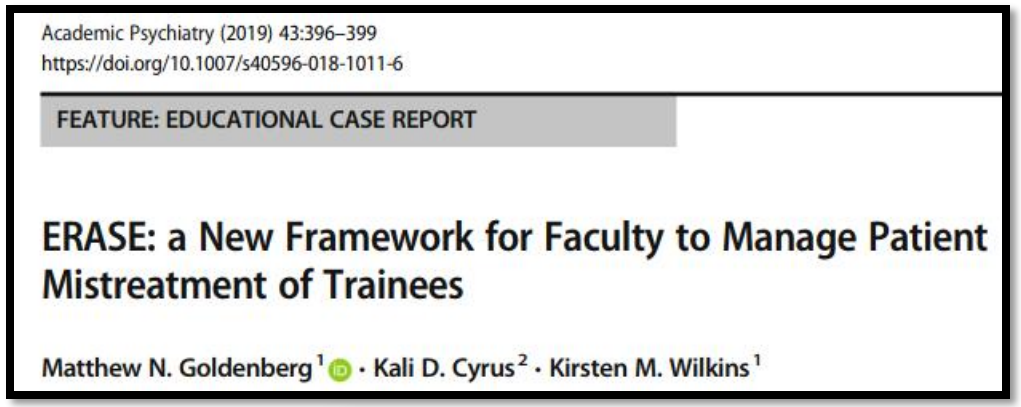
- **Invest**
- **Invite**
- **Invigorate**
- **Involve**
- **Invert**

Romanski PA et al. The "Invisible Student": Neglect as a Form of Medical Student Mistreament, a Call to Action. J Surg Education. 77(6) 2020.

Patient Prejudice- WebMD 2017

https://www.youtube.com/watch?v=m_Y_4romD2U

Mistreatment by Patients- ERASE



Academic Psychiatry (2019) 43:396–399
https://doi.org/10.1007/s40596-018-1011-6

FEATURE: EDUCATIONAL CASE REPORT

ERASE: a New Framework for Faculty to Manage Patient Mistreatment of Trainees

Matthew N. Goldenberg[1] · Kali D. Cyrus[2] · Kirsten M. Wilkins[1]

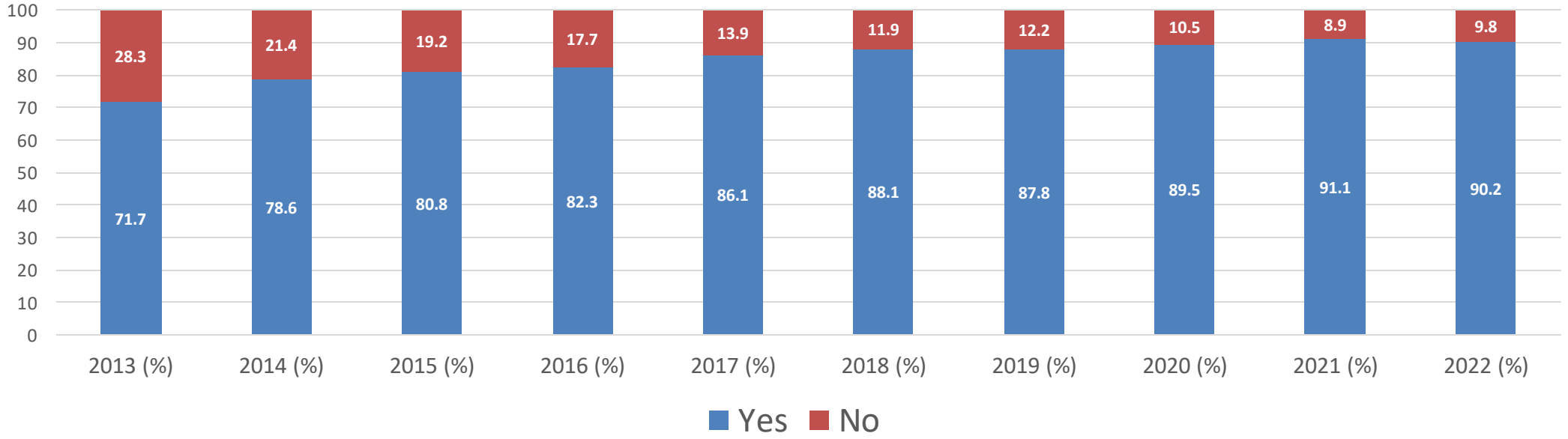
- **Expect**- that mistreatment will happen
- **Recognize**- when mistreatment occurs
- **Address**- the situation in real time
- **Support-** the trainee after the event
- **Establish-** a positive culture

Table 1 Sample scenarios and interventions for trainee harassment or mistreatment by patients

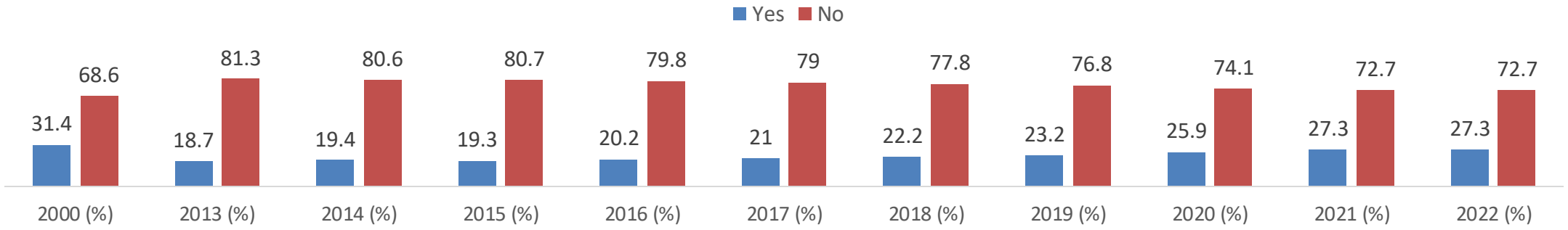
Problem	Example	Intervention	Sample language
Overt derogatory language	Patient uses racial slur in reference to a student participating in her care Angry patient yells misogynistic term at female resident	Set clear limits	"This clinic/unit/department is an area where we treat each other with mutual respect. We cannot tolerate that kind of language." "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."
Microaggressions	Patient addresses female trainee as nurse Family member asks Latinx trainee to serve as interpreter	Education/explanation	"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." "Ms. X, this is not the interpreter; this is J., one of the medical students on our team. Have you met?"
"Complimentary" comments	Patient comments on student's attractive appearance Patient associates resident's ethnicity with superior intelligence	Redirection/reframing	"I know you mean well, but we are more concerned about our students' skills and abilities than their looks." "Ms. X, Dr. Z is an intelligent physician, but that has nothing to do with his ethnicity."

AAMC Graduation Questionnaire- Reporting Mistreatment

Do you know the procedures at your school for reporting the mistreatment of medical students?

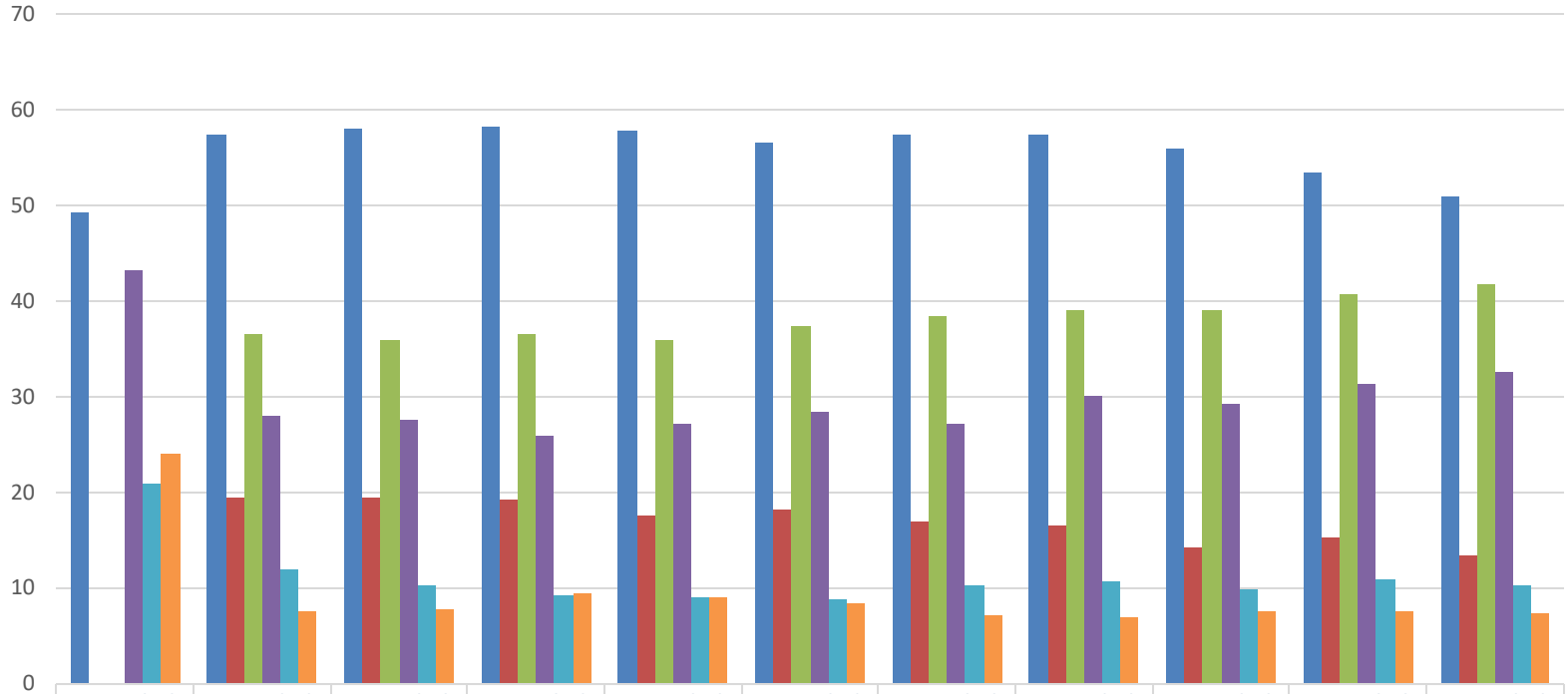


Did you report any of the behaviors to a designated faculty member or administration?



AAMC Graduation Questionnaire- Mistreatment

If there were incidents you did not report, why did you not report them?



	2001 (%)	2013 (%)	2014 (%)	2015 (%)	2016 (%)	2017 (%)	2018 (%)	2019 (%)	2020 (%)	2021 (%)	2022 (%)
The incident did not seem important enough to report	49.2	57.3	58.1	58.3	57.8	56.6	57.4	57.3	56	53.4	50.9
I resolved the issue myself		19.4	19.5	19.2	17.5	18.2	17	16.5	14.2	15.3	13.3
I did not think anything would be done about it		36.6	35.8	36.5	36	37.4	38.3	39	39.1	40.6	41.7
Fear of reprisal	43.1	27.9	27.6	25.9	27.1	28.3	27.2	30.1	29.2	31.4	32.6
I did not know what to do	20.9	11.8	10.3	9.1	9	8.7	10.3	10.6	9.8	10.8	10.2
Other	23.9	7.6	7.7	9.3	9	8.4	7.2	6.9	7.5	7.5	7.3

Reporting Mistreatment

- **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

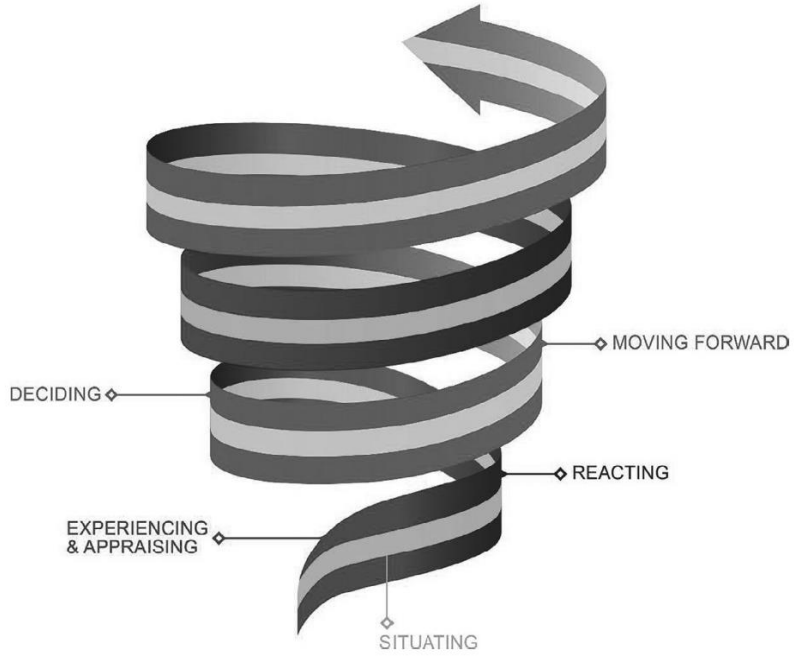
STUDENT MISTREATMENT

Why do few medical students report their experiences of mistreatment to administration?

Amanda Bell[1,2,3] | Alice Cavanagh[3,4] | Catherine E. Connelly[5] | Allyn Walsh[1] | Meredith Vanstone[1,3]

Medical Education. 2021;55:462–470.

FIGURE 1 A five-phase description of the medical student journey through mistreatment and reporting

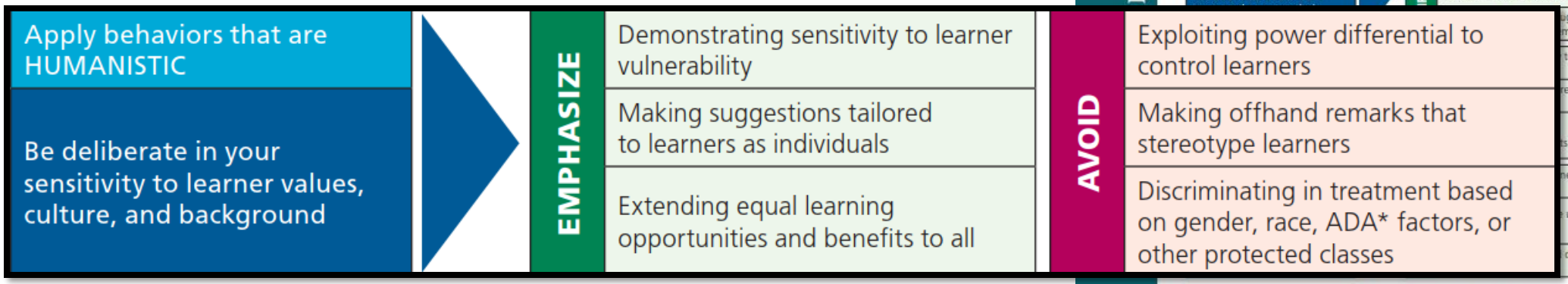


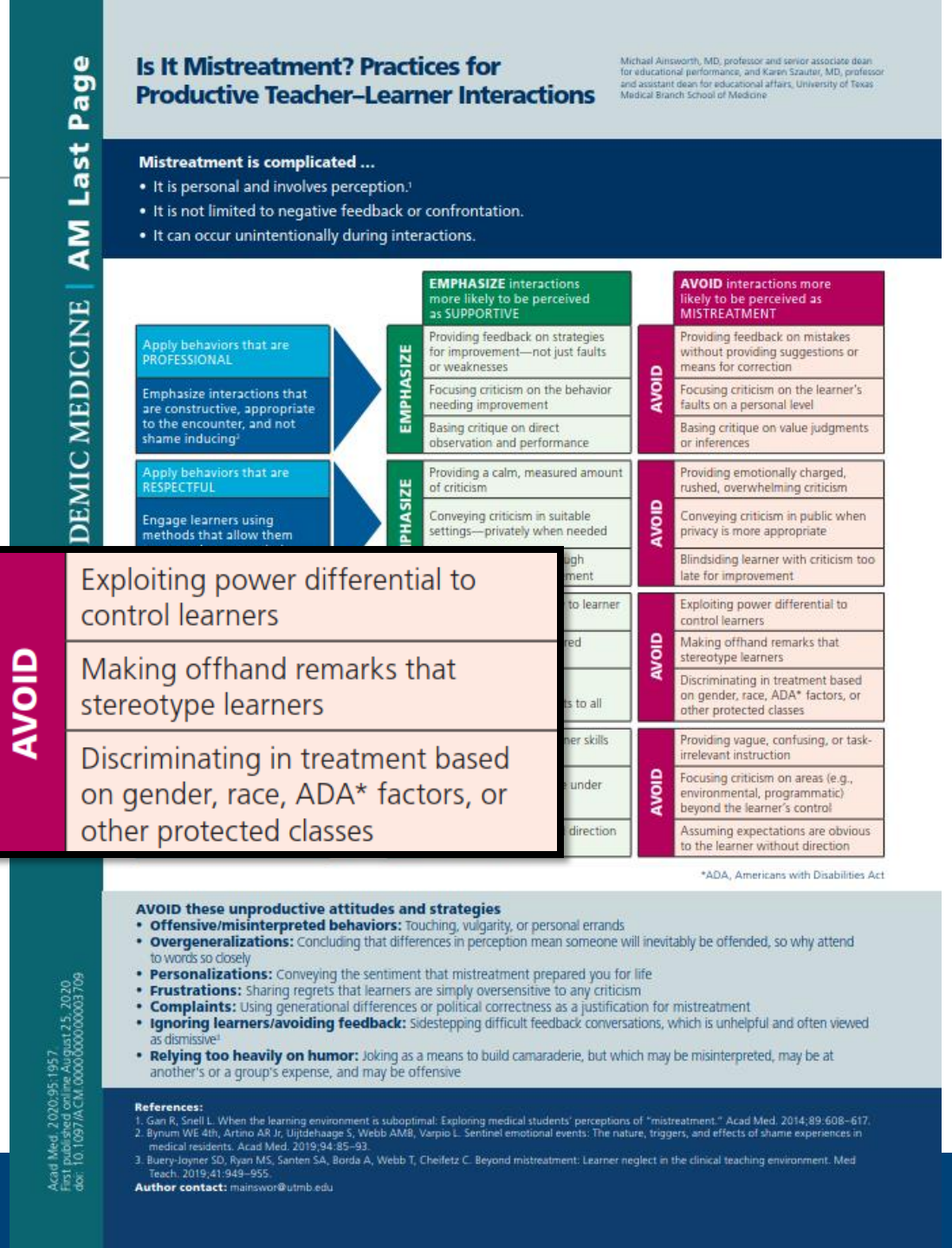
Efforts to Prevent Mistreatment

- Leisy HB, Ahmad M. **Altering workplace attitudes for resident education (A.W.A.R.E.)**: discovering solutions for medical resident bullying through literature review. BMC Medical Education (2016) 16:127.
- **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

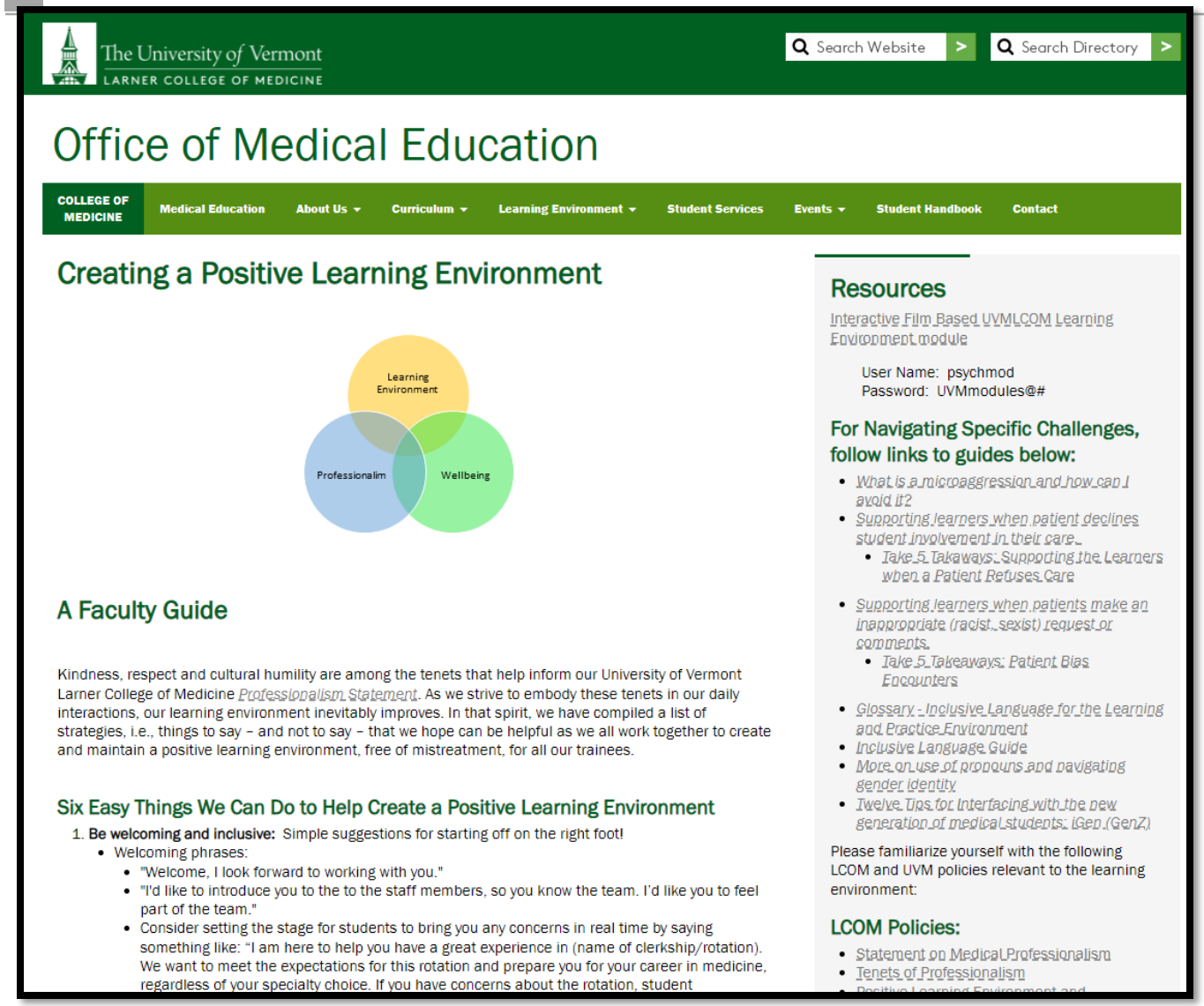
Efforts to Prevent Mistreatment

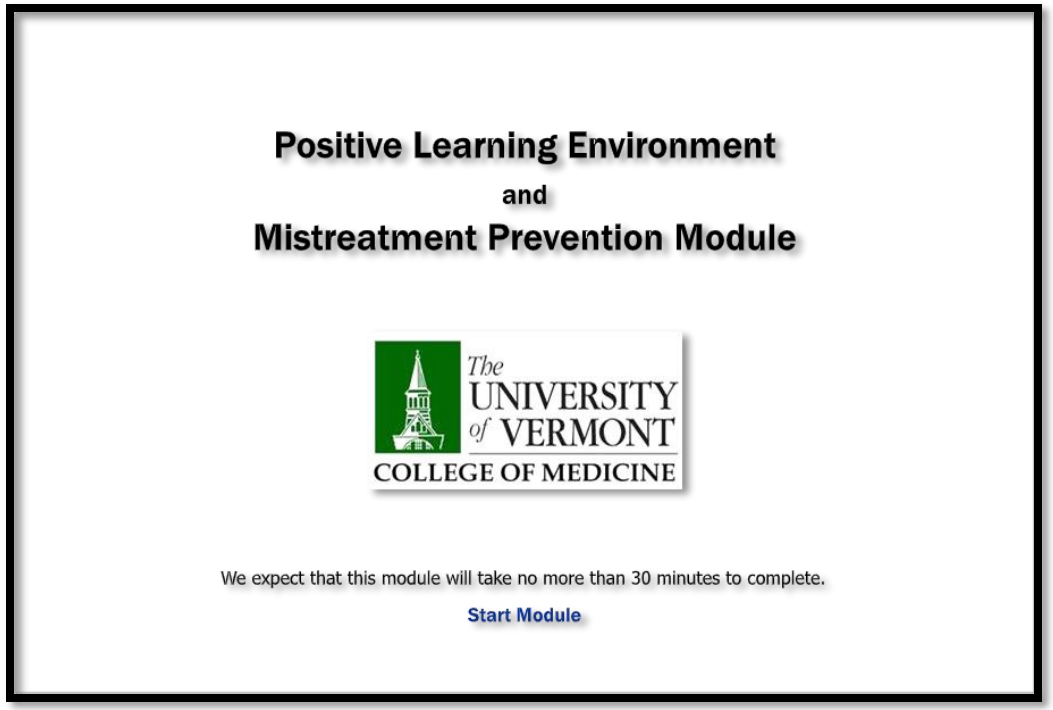
Is it Mistreatment? 2020 Academic Med





Efforts to Prevent Mistreatment





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

David Geffen School of Medicine- Efforts to Address Mistreatment

- Fried JM et al. **Eradicating Medical Student Mistreatment: A Longitudinal Student of One Institution's Efforts**.

  Acad Med. 2012 Sept;87(9): 1991.

  - **1995**- Gender and Power Abuse Committee created
  - **1996-1998**- PRE- Intervention
  - **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***

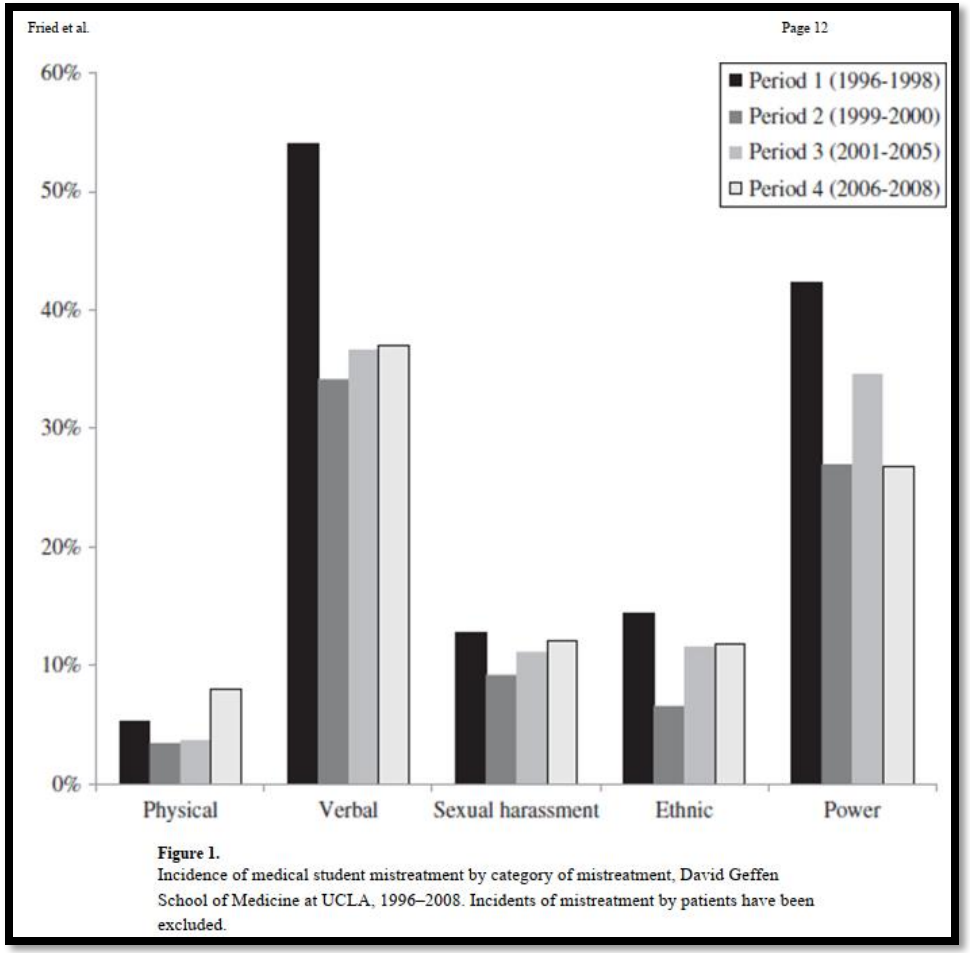


Figure 1.
Incidence of medical student mistreatment by category of mistreatment, David Geffen School of Medicine at UCLA, 1996–2008. Incidents of mistreatment by patients have been excluded.

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?