
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

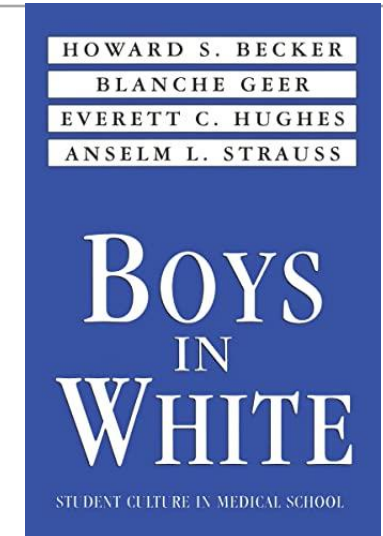
- 1961 Becker et al. *Boys in White*

“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”



Commentary

JAMA
The Journal of the
American Medical Association
Feb 10, 1984 Vol 251, No. 6

Medical Student Abuse
An Unnecessary and Preventable Cause of Stress

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....”

- 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.*

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

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 than 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.



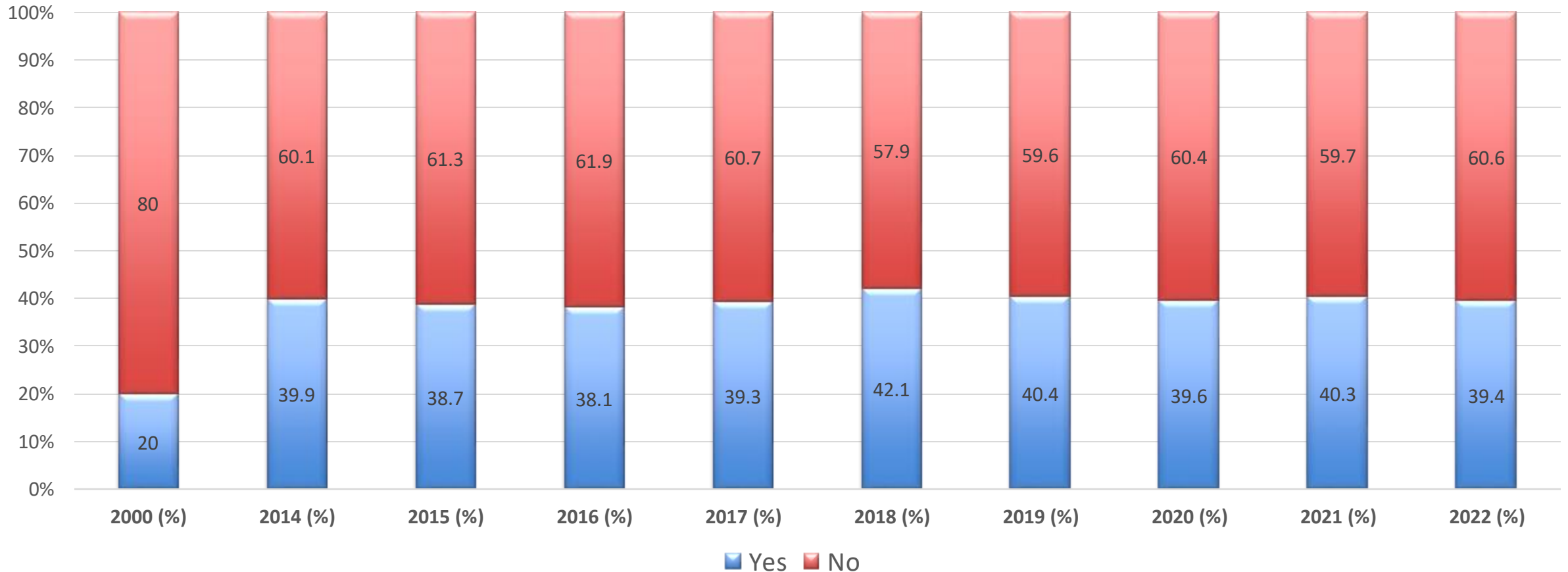
Examples include:

- 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

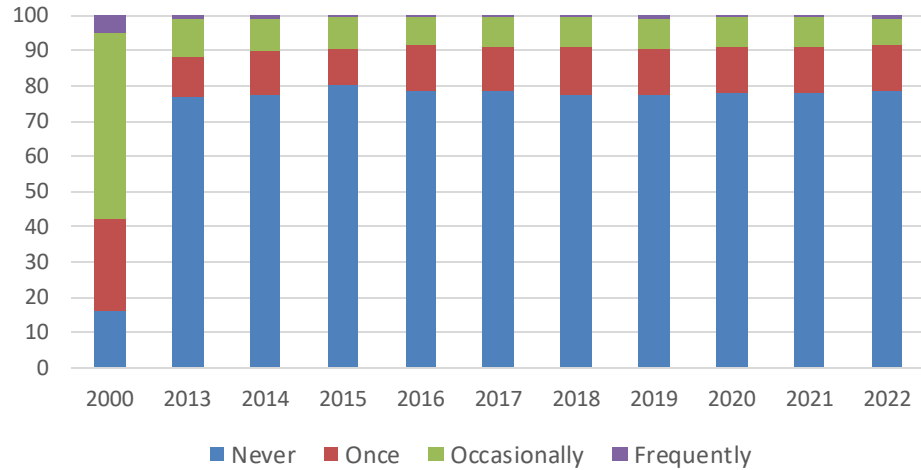
AAMC Graduation Questionnaire- Mistreatment

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

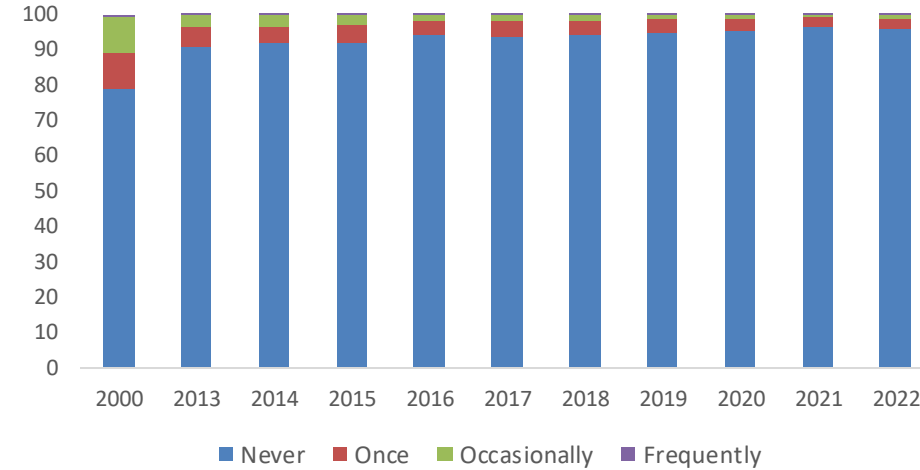


AAMC Graduation Questionnaire- Mistreatment

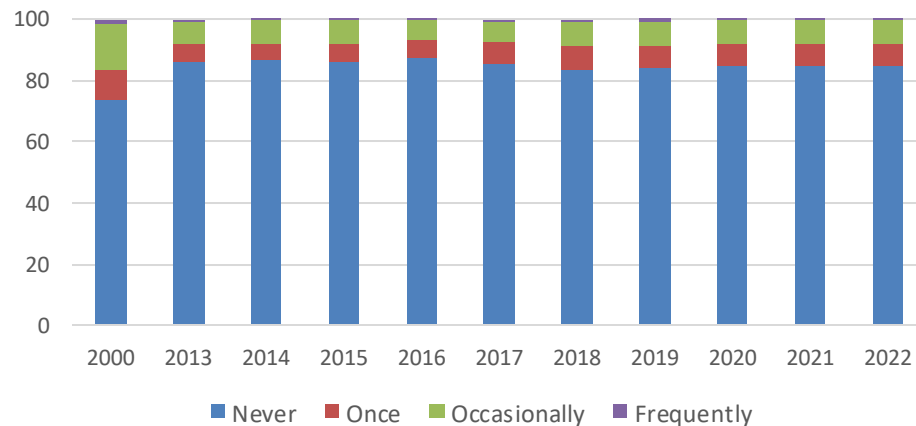
Been publically humiliated



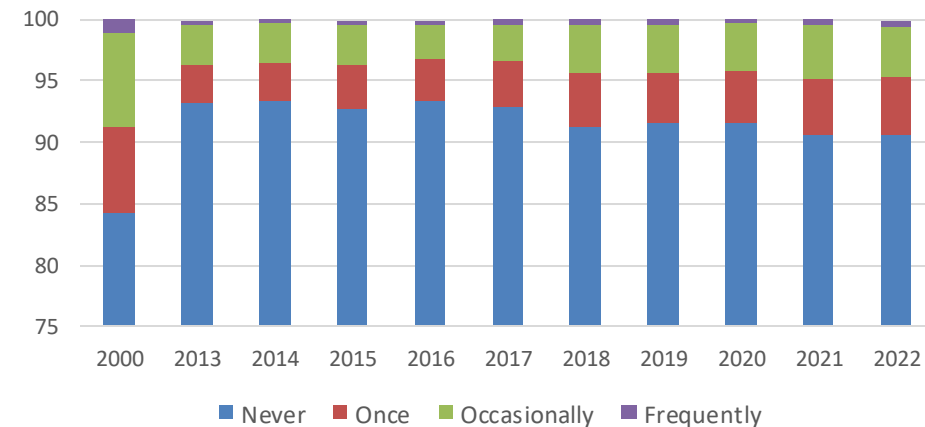
Been required to perform personal services



Been subjected to offensive sexist remarks/names?



Been subjected to racially or ethnically offensive remarks/names?



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, MEd; Dowin Boatright, MD, MBA, MHS

Mistreatment by Gender

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	<.001 ^b
1	18.3	23.1	
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	<.001 ^l
Once	1.6	11.9	
More than once	1.8	12.5	
Ever	3.4	24.3	<.001 ^l



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Mistreatment by Race

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

Variable	Students, % ^a				P Value ^b
	White (n = 16 521)	Asian (n = 5641)	URM (n = 2433)	Multiracial (n = 2376)	
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	



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

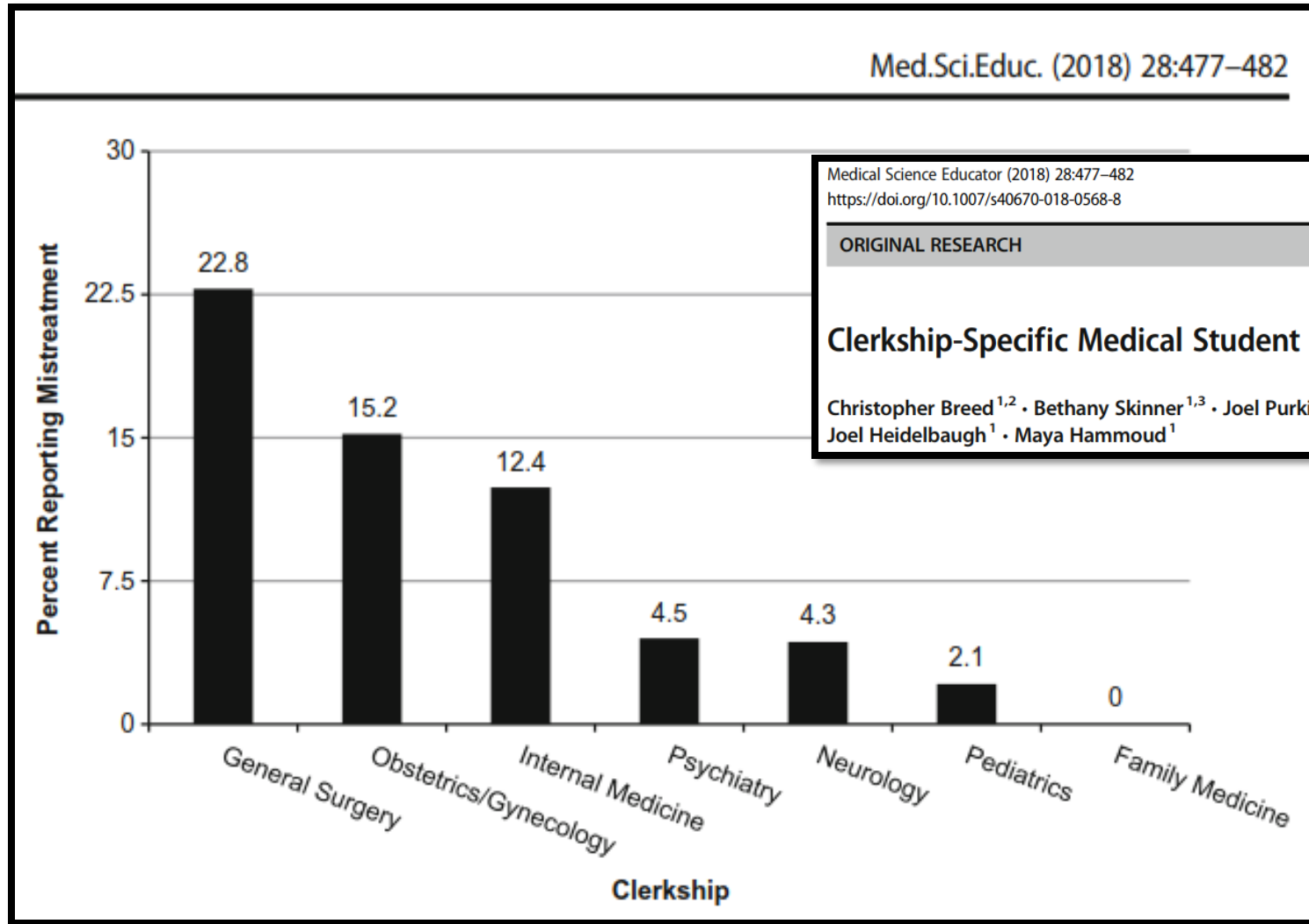
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Mistreatment by Sexual Orientation

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

Variable	Heterosexual, % ^a (n = 25 763)	LGB, % ^a (n = 1463)	P Value ^b
No. of Mistreatment Types^d			
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	

Site of Medical Student Mistreatment



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

ORIGINAL RESEARCH

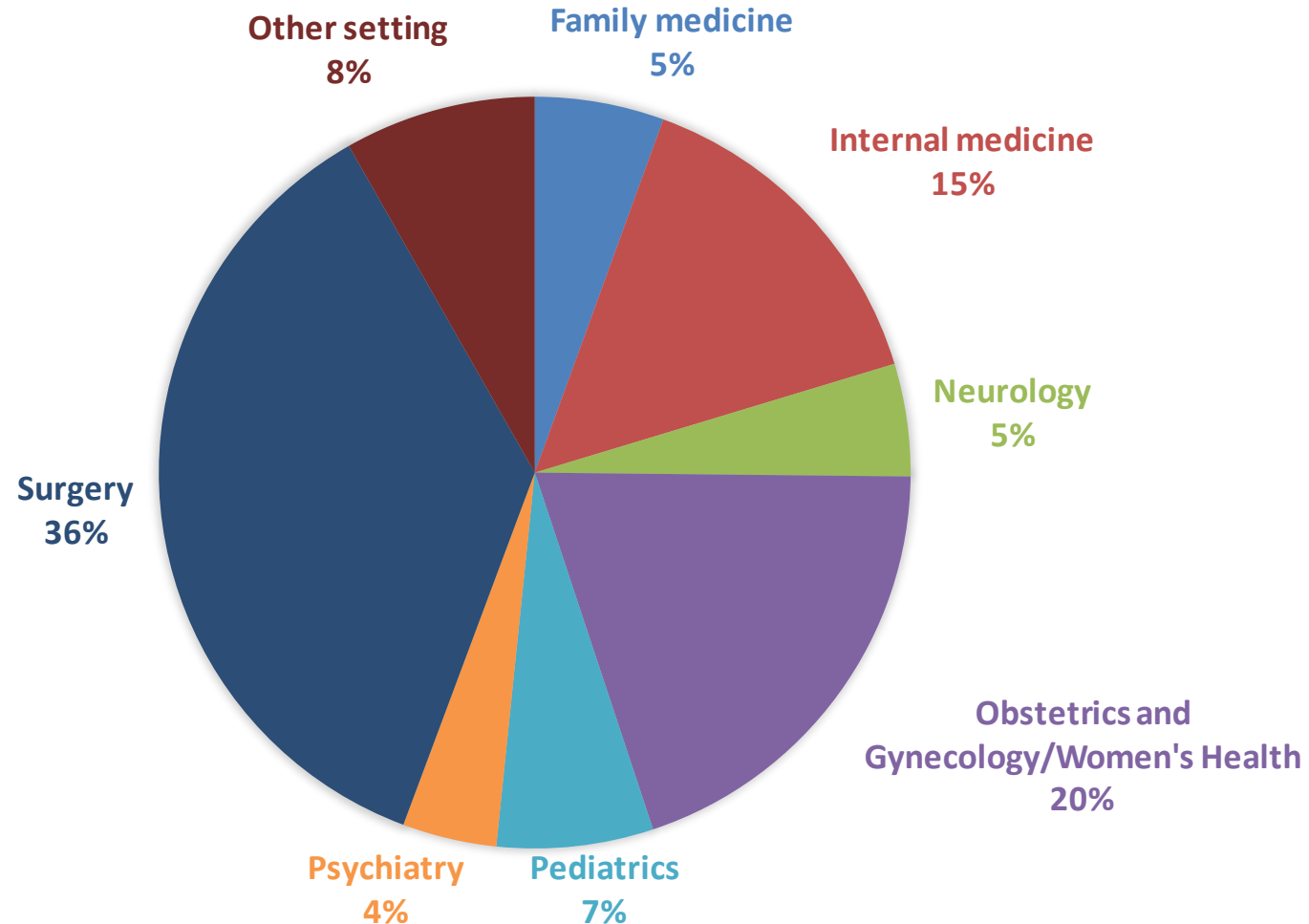


Clerkship-Specific Medical Student Mistreatment

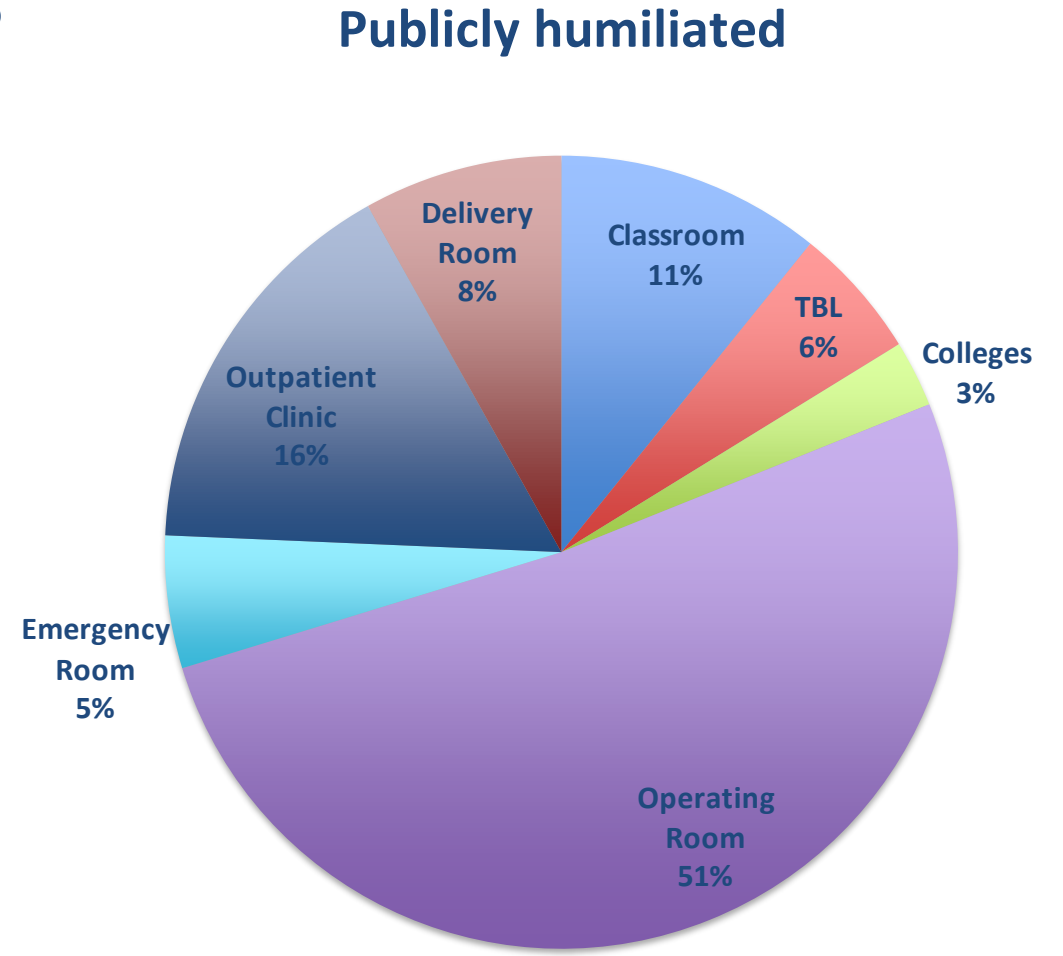
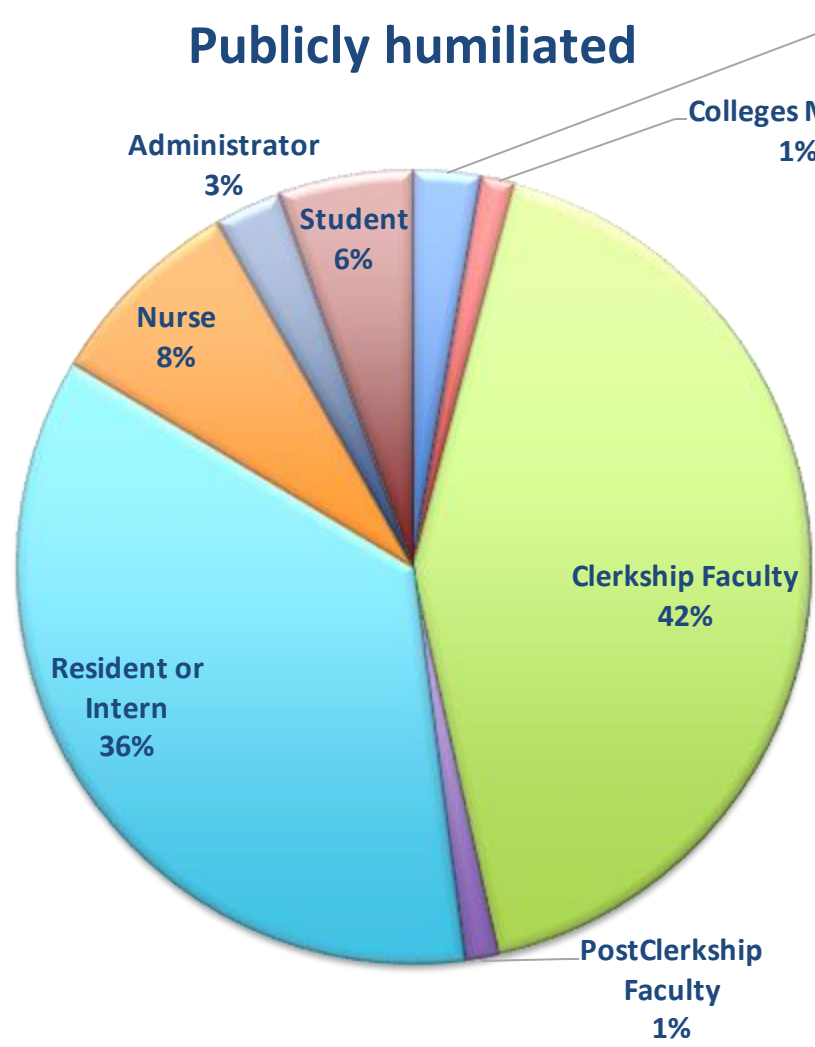
Christopher Breed^{1,2} · Bethany Skinner^{1,3} · Joel Purkiss¹ · Amanda Opaskar^{1,4} · Sally A. Santen¹ · Rishindra Reddy¹ · Joel Heidelbaugh¹ · Maya Hammoud¹

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

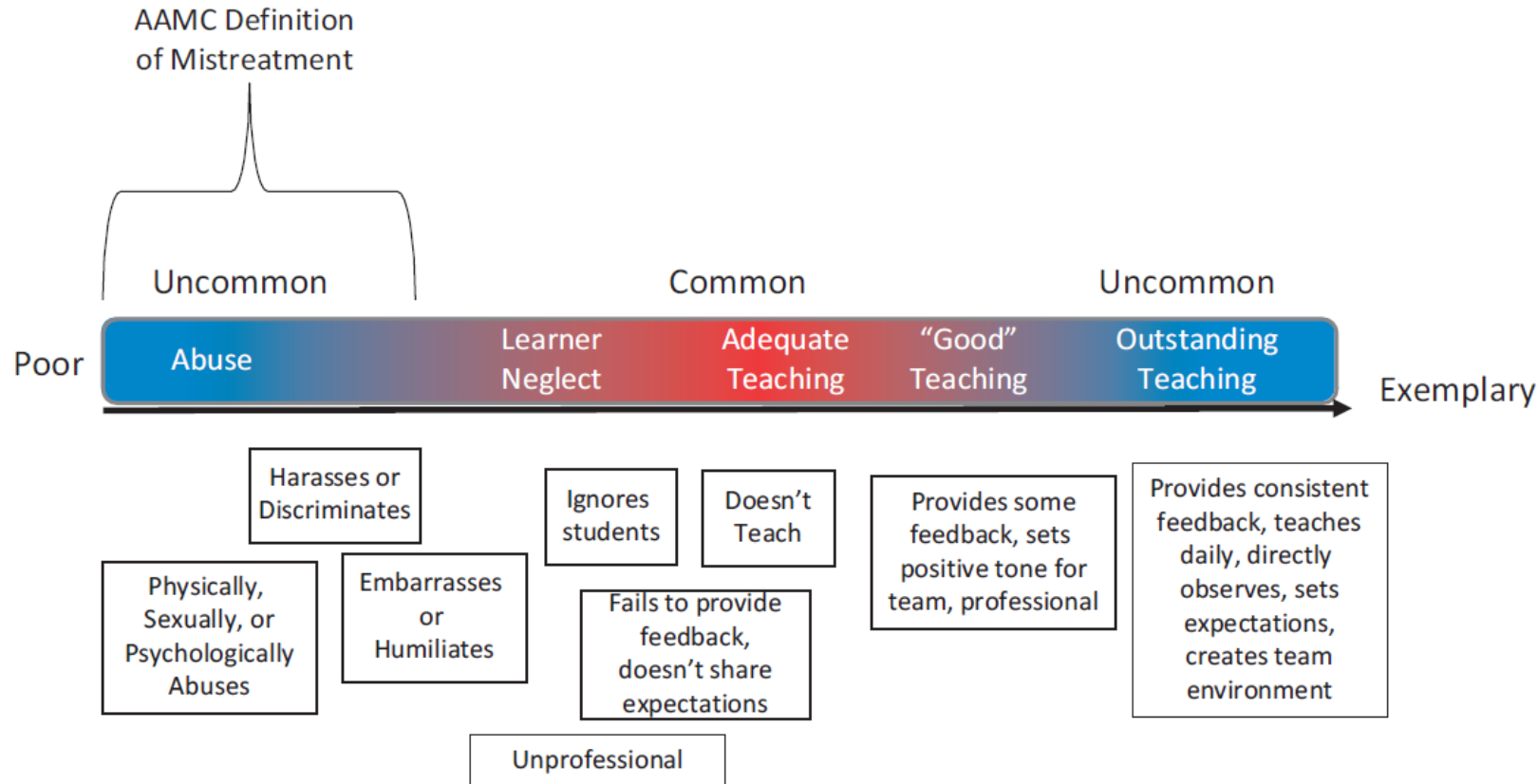


Learner Neglect

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

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



- Invest
- Invite
- Invigorate
- Involve
- Invert

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

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.

Patient Prejudice- WebMD 2017



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. Goldenberg¹ · Kali D. Cyrus² · Kirsten M. Wilkins¹

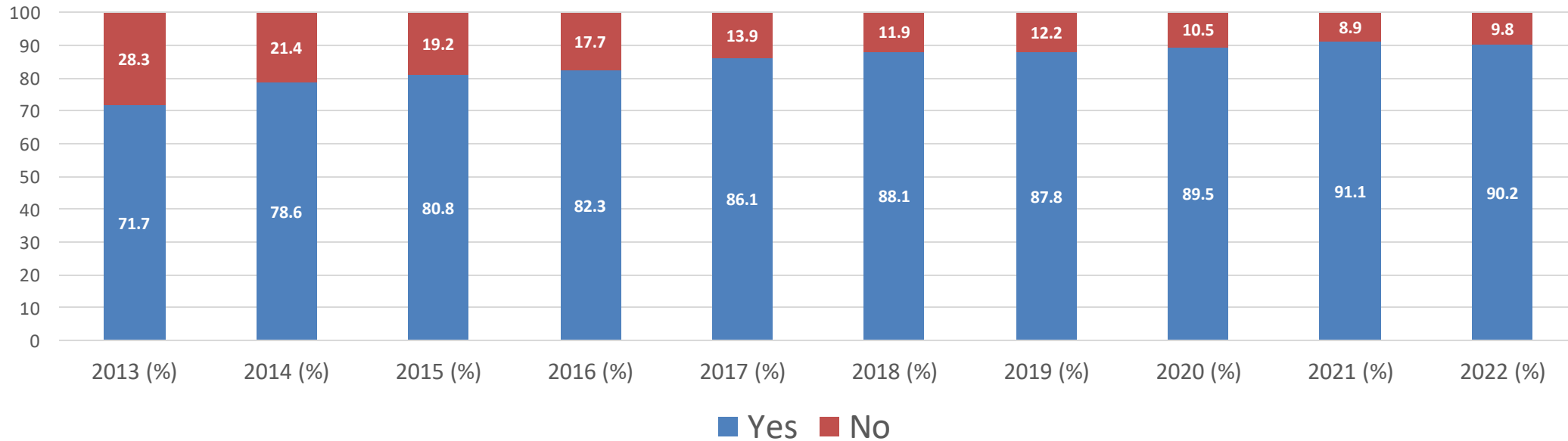
- **Expect**- that mistreatment will happen
- **Recognize**- when mistreatment occurs
- **Address**- the situation in real time
- **Support**- the trainee after the event
- **Establish**- a positive culture

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

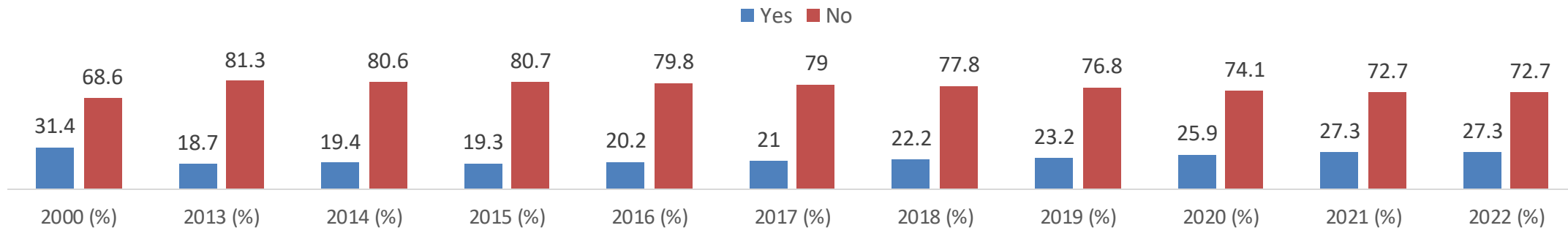
Problem	Example	Intervention	Sample language
Overt derogatory language	Patient uses racial slur in reference to a student participating in her care Angry patient yells misogynistic term at female resident	Set clear limits	“This clinic/unit/department is an area where we treat each other with mutual respect. 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?

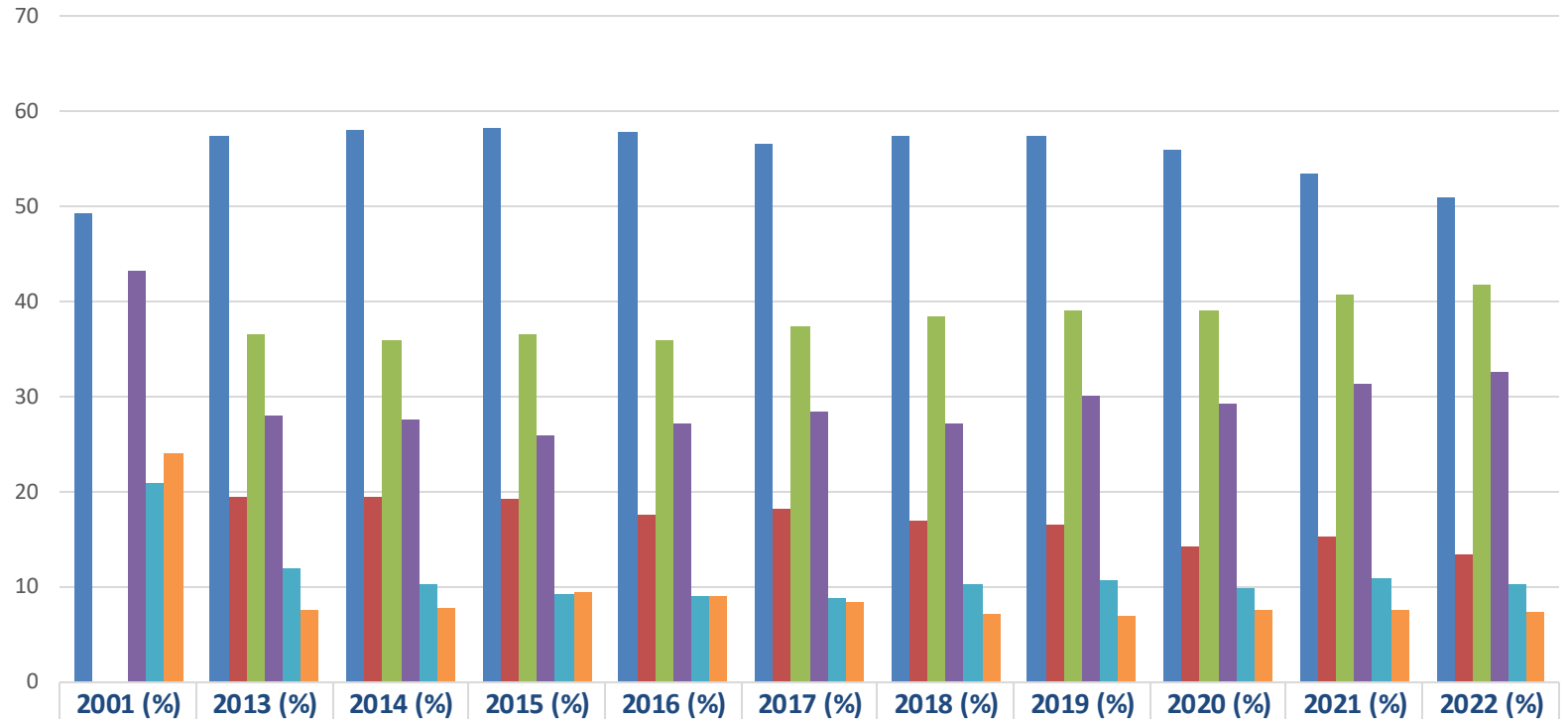


Did you report any of the behaviors to a designated faculty member or administration?



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

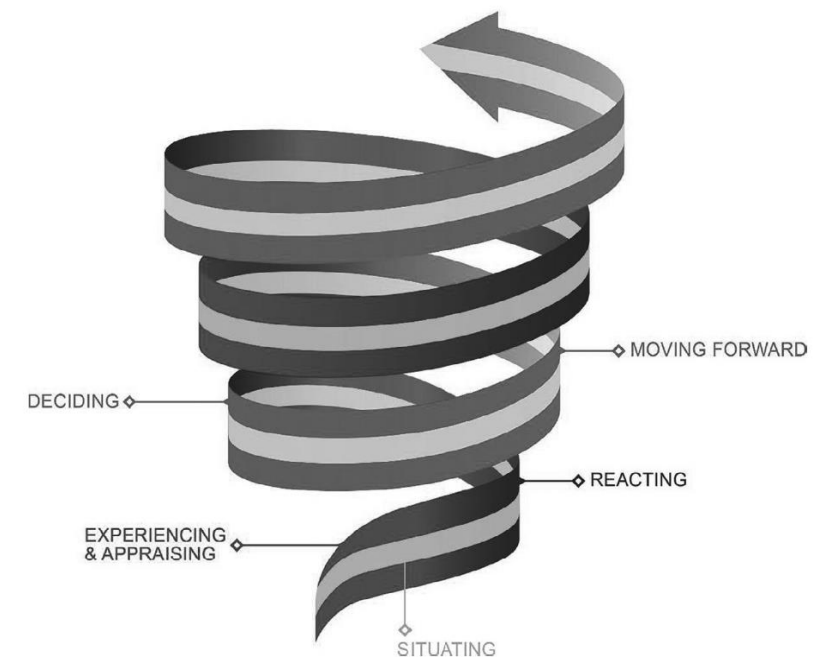
STUDENT MISTREATMENT

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

Amanda Bell^{1,2,3}  | Alice Cavanagh^{3,4}  | Catherine E. Connelly⁵ | Allyn Walsh¹ |
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

Is It Mistreatment? Practices for Productive Teacher-Learner Interactions

Michael Ainsworth, MD, professor and senior associate dean for educational performance, and Karen Szaunt, MD, professor and assistant dean for educational affairs, University of Texas Medical Branch School of Medicine

Mistreatment is complicated ...

- It is personal and involves perception.¹
- It is not limited to negative feedback or confrontation.
- It can occur unintentionally during interactions.

	EMPHASIZE interactions more likely to be perceived as SUPPORTIVE	AVOID interactions more likely to be perceived as MISTREATMENT
PROFESSIONAL Apply behaviors that are professional Emphasize interactions that are constructive, appropriate to the encounter, and not shame inducing ²	EMPHASIZE Providing feedback on strategies for improvement—not just faults or weaknesses Focusing criticism on the behavior needing improvement Basing critique on direct observation and performance	AVOID Providing feedback on mistakes without providing suggestions or means for correction Focusing criticism on the learner's faults on a personal level Basing critique on value judgments or inferences
RESPECTFUL Apply behaviors that are respectful Engage learners using methods that allow them	EMPHASIZE Providing a calm, measured amount of criticism Conveying criticism in suitable settings—privately when needed	AVOID Providing emotionally charged, rushed, overwhelming criticism Conveying criticism in public when privacy is more appropriate Blindsiding learner with criticism too late for improvement
HUMANISTIC Apply behaviors that are humanistic Be deliberate in your sensitivity to learner values, culture, and background	EMPHASIZE Demonstrating sensitivity to learner vulnerability Making suggestions tailored to learners as individuals Extending equal learning opportunities and benefits to all	AVOID 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

*ADA, Americans with Disabilities Act

AVOID these unproductive attitudes and strategies

- **Offensive/misinterpreted behaviors:** Touching, vulgarity, or personal errands
- **Ovgeneralizations:** Concluding that differences in perception mean someone will inevitably be offended, so why attend to words so closely
- **Personalizations:** Conveying the sentiment that mistreatment prepared you for life
- **Frustrations:** Sharing regrets that learners are simply oversensitive to any criticism
- **Complaints:** Using generational differences or political correctness as a justification for mistreatment
- **Ignoring learners/avoiding feedback:** Sidestepping difficult feedback conversations, which is unhelpful and often viewed as dismissive³
- **Relying too heavily on humor:** Joking as a means to build camaraderie, but which may be misinterpreted, may be at another's or a group's expense, and may be offensive

References:

1. Gan R, Snell L. When the learning environment is suboptimal: Exploring medical students' perceptions of "mistreatment." *Acad Med.* 2014;89:608-617.
2. Bynum WE 4th, Artino AR Jr, Uijtdehaage S, Webb AMB, Varpio L. Sentinel emotional events: The nature, triggers, and effects of shame experiences in medical residents. *Acad Med.* 2019;94:85-93.
3. Buery-Joyner SD, Ryan MS, Santen SA, Borda A, Webb T, Cheifetz C. Beyond mistreatment: Learner neglect in the clinical teaching environment. *Med Teach.* 2019;41:949-955.

Author contact: mainswor@utmb.edu

Efforts to Prevent Mistreatment

The University of Vermont
LARNER COLLEGE OF MEDICINE

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Office of Medical Education

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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 *Professionalism Statement*. 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 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/rotation). We want to meet the expectations for this rotation and prepare you for your career in medicine, regardless of your specialty choice. If you have concerns about the rotation, student

Resources

Interactive Film Based UVM/COM Learning Environment module

User Name: psychmod
Password: UVMmodules@#

For Navigating Specific Challenges, follow links to guides below:

- *What is a microaggression and how can I avoid it?*
- *Supporting Learners when patient declines student involvement in their care.*
 - *Take 5 Takeaways: Supporting the Learners when a Patient Refuses Care*
- *Supporting Learners when patients make an inappropriate (racist, sexist) request or comments.*
 - *Take 5 Takeaways: Patient Bias Encounters*
- *Glossary - Inclusive Language for the Learning and Practice Environment*
- *Inclusive Language Guide*
- *Note on use of pronouns and navigating gender identity*
- *Twelve Tips for Interfacing with the new generation of medical students: Gen (GenZ)*

Please familiarize yourself with the following LCOM and UVM policies relevant to the learning environment:

LCOM Policies:

- *Statement on Medical Professionalism*
- *Tenets of Professionalism*
- *Positive Learning Environment and*

Positive Learning Environment and Mistreatment Prevention Module

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

[Start Module](#)

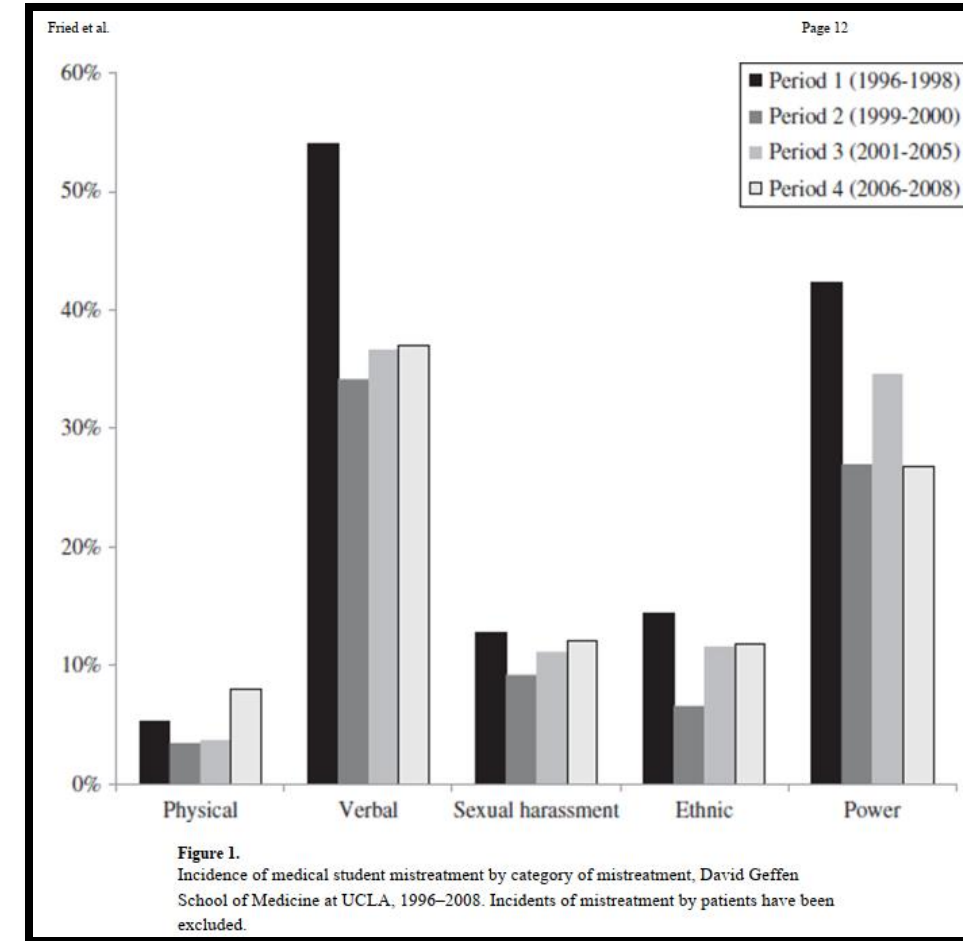
https://www.med.uvm.edu/mededucation/learningenvironment/faculty_resources

David Geffen School of Medicine- Efforts to Address Mistreatment

- Fried JM et al. **Eradicating Medical Student Mistreatment: A Longitudinal Study 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***



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?