Define “Mistreatment”

policies, speech, actions or behaviors that treat a student in a threatening, intimidating or otherwise inappropriate manner sufficient to adversely affect the student’s learning environment.
Extensive Literature

Reports in 1960s

Flurry of reports around 1990
AAMC Grad Questionnaire since 1992

Another flurry around 1998
(abuse became mistreatment)

Still, about ½ of students report experiencing

Where does mistreatment happen?

Clinical rotations
  – Low frequency: FM
  – Intermediate: IM, Peds, Psych
  – High: Surg, OBGYN

Lubitz. JAMA 1996
Richardson. Acad Med 1997
What Happens & by Whom

- What
  - Belittlement
  - Inappropriate Tasks
  - Sexual, Ethnic, Physical
- By whom
  - Attending, resident, nurse, peer, patient

Silver. JAMA 1990
Daugherty. JAMA 1998

Who is more likely to be mistreated?

Women and minority students

Corbie-Smith. Acad Med 1997
Nora. Acad Med 2002
Outcomes of Mistreatment

- major cause of stress for students
- linked to psychopathologic outcomes (depression, anxiety, hostility, alcohol)
- students reject specialties as a career choice and medicine altogether

Sheehan. JAMA 1990
Richman JAMA 1992
Stratton. Acad Med 2005
Frank. BMJ 2006

Students are reluctant to report

WHY?

1. Fear retaliation
2. Unchangeable culture

Elnicki. TLM 2002
Medical Student Abuse During Internal Medicine Clerkships

Elnicki. Acad Med 1999

Our study: In response to AAMC surveys
Involved 11 schools, 1072 students
Response rate: 83%

- Incidence: 11% (2-30% by school, p<.01)
- Women 14.6% v. men 9.8% (p= .02)
- Race- no significant differences

---

Frequency and Type of Abuse in Internal Medicine Clerkships
Elnicki. Acad Med 1999

<table>
<thead>
<tr>
<th>Source</th>
<th>Belittle</th>
<th>Tasks</th>
<th>Sex</th>
<th>Physical</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending</td>
<td>25</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>Res/Intern</td>
<td>49</td>
<td>55</td>
<td>6</td>
<td>5</td>
<td>115</td>
</tr>
<tr>
<td>Nurse</td>
<td>20</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Patient</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>66</td>
<td>20</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

N = 123/1072 students
Severity of Episodes
Elnicki. TLM 2002

Student Abuse from Multiple Perspectives

- Video vignettes sent to 13 medical schools
- Viewed by IM attending physicians, nurses, IM residents, students (MS3, MS4)
- 45% had personal experience of abuse as students (defined, self report)
**Study Questions**

- Do attending physicians, nurses, residents, and students agree on what constitutes medical student abuse?
- Do these groups perceive abuse with similar severity?
- Does personal experience of abuse influence perceptions of abuse?
- ANSWERS: yes, to all 3

**Understanding Conceptually**

- Like child abuse
- Power structure
- Self-perpetuating
- Hidden curriculum
Newer Work

• Preventing: understand learning environment, clearly define, training
• Reporting: identified process
• Addressing: policy and procedure

Heru. Acad Med 2003
Recupero. Acad Med 2004
Fried. Acad Med 2012

Rest of the World

• Not different
  – UK: Hoosen. Psychiatrist 2004
  – Japan: Shizuko. JGIM 2006
Abuse or Not?
Ogden. Acad Med 2005

<table>
<thead>
<tr>
<th></th>
<th>Pimping</th>
<th>Ethnic</th>
<th>Feedback</th>
<th>Sexual</th>
<th>Scut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>88*</td>
<td>89</td>
<td>37*</td>
<td>96</td>
<td>19*</td>
</tr>
<tr>
<td>Attending</td>
<td>90</td>
<td>92</td>
<td>57</td>
<td>98</td>
<td>24</td>
</tr>
<tr>
<td>Nurse</td>
<td>81</td>
<td>88</td>
<td>21</td>
<td>92</td>
<td>19</td>
</tr>
<tr>
<td>Resident</td>
<td>88</td>
<td>92</td>
<td>40</td>
<td>98</td>
<td>20</td>
</tr>
<tr>
<td>Student</td>
<td>90</td>
<td>89</td>
<td>28</td>
<td>92</td>
<td>15</td>
</tr>
</tbody>
</table>

*Respondents who reported a history of abuse were more likely to perceive abuse in these scenarios (p < .05)
CDIM Plenary

Student Mistreatment

Goals:

• To review the history of student mistreatment in Medical School, and the origins of this phenomenon.
• To review what has been done to address student mistreatment, and the outcomes of those programs
• Discuss the effect of the generational changes in what constitutes “mistreatment”
• Review illustrative scenarios

Program length: 90 minutes

45 minutes-50 minutes for the talk and the rest for questions.

Program:

I. Moderator (ME): introduce the topic, the process and the speakers.
II. Video 4: sexual harassment (1-2 minutes)

Could this happen at your medical school?
Would you know what to do if it did?
Yes/No: Voting via cards

III. Mike Elnicki: 15 minutes

Overview of the history of student mistreatment in medical school

IV. Video 2: ethnic insensitivity (1-2 minutes)

Mistreatment or not?
Yes/No: Voting via cards

What should you do about it?
Choose from 3 options: Voting via cards
V. Joyce Fried: (15-20 minutes)

Addressing mistreatment: UCLA and the results of their efforts

VI. Video 3: feedback (1-2 minutes)

Mistreatment or entitlement?

Choose between the 2: Voting via cards

VII. Melissa McNeil: (15-20 minutes)

Mistreatment or entitlement? Changing definitions and expectation of the Millenials

VIII. Video 1: pimping (1-2 minutes)

IX. Moderator: (15-20 minutes)

Invite comments about this video, others and from speakers