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BACKGROUND

- Mistreatment of medical students is being widely discussed in medical institutions. The AAMC Medical School Graduation Questionnaire (2009-2011) showed that by the end of the fourth year of medical school, 1 out of 6 students report personally experiencing mistreatment³.
- Previous studies show that students who experience mistreatment have negative effects on their emotional health and their attitudes toward their medical education³.
- Many students are aware of mistreatment and its prevalence in certain clinical rotations, such as the surgery clerkship¹. With schools allowing medical students to participate in volunteer opportunities earlier in their training, students are being exposed to mistreatment in other environments and from perpetrators outside the realm of clerkships.
- Although the medical community is aware that medical students are undergoing mistreatment, there isn't an equivalent amount of documentation about how institutions are addressing mistreatment and how they are preparing their students for the possible experience.
- As schools continue to integrate clinical training earlier into their curricula, it becomes increasingly important to not only acknowledge these experiences, but to educate students on ways to handle the situations and form coping mechanisms.
- We aim to study not only the effects of mistreatment, but also explore implications for institutional change so that schools can develop necessary policies, procedures, and training for students to be able to handle these unfortunate situations.

METHODS

- A survey was conducted throughout the student population at Wayne State University School of Medicine (WSUSOM) between April and June of 2020.
- The anonymous survey was administered to students via emails sent to the WSUSOM class listservs.
- The focus of the survey was to investigate the prevalence of mistreatment conducted by patients towards students, their attitudes about these incidents, and the process of reporting at the institution.
- A total of 582 students (50.7%) completed the survey and the results are from their responses.

RESULTS

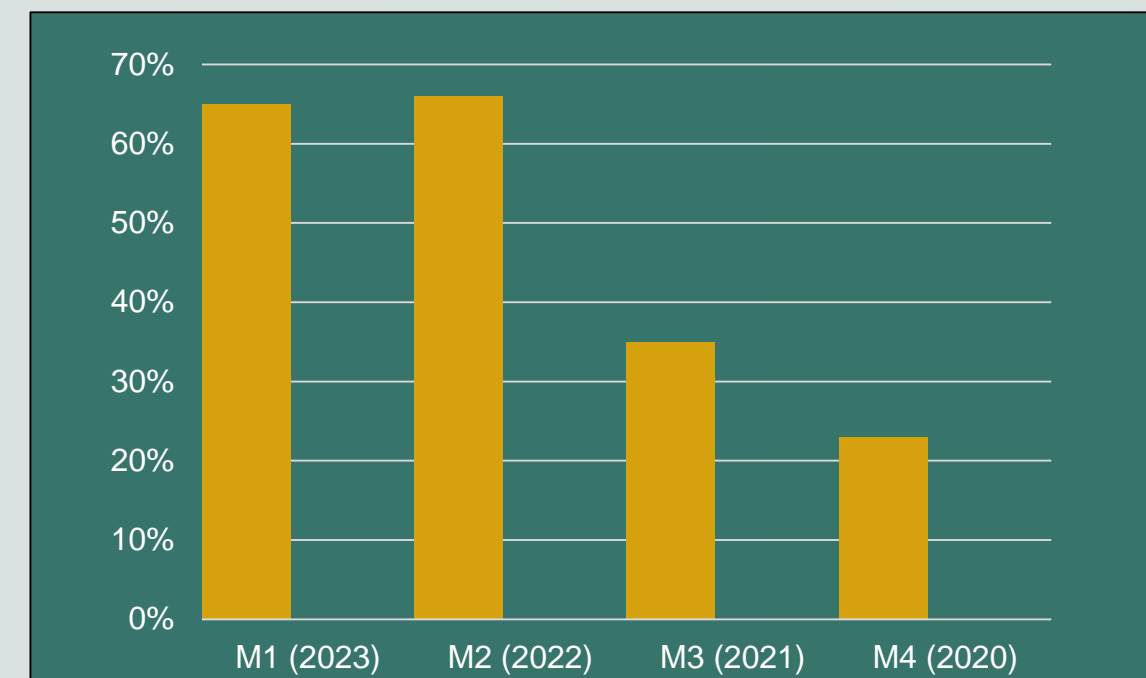
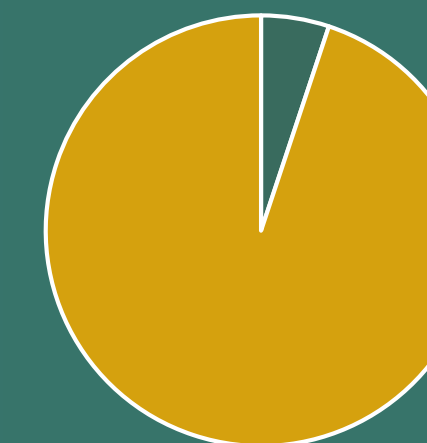


Figure 1. indicates the amount of students who took the survey and noted mistreatment. It is evident that the majority of those students are upperclassmen, but it is significant to see that many underclassmen also indicate mistreatment through an increase in outside the classroom clinical work that underclassmen can now take a part in.

Figure 2. shows that the majority of students did not report mistreatment, specifically done by patients, to any faculty or administration. This highlights not only the significant prevalence of mistreatment, but how easily it can be overlooked due to decreased reporting.

Q: Did you report any of the patient behaviors listed above to a designated faculty member or a member of the medical school administration empowered to handle such complaints?



□ Yes (5%) □ No (95%)

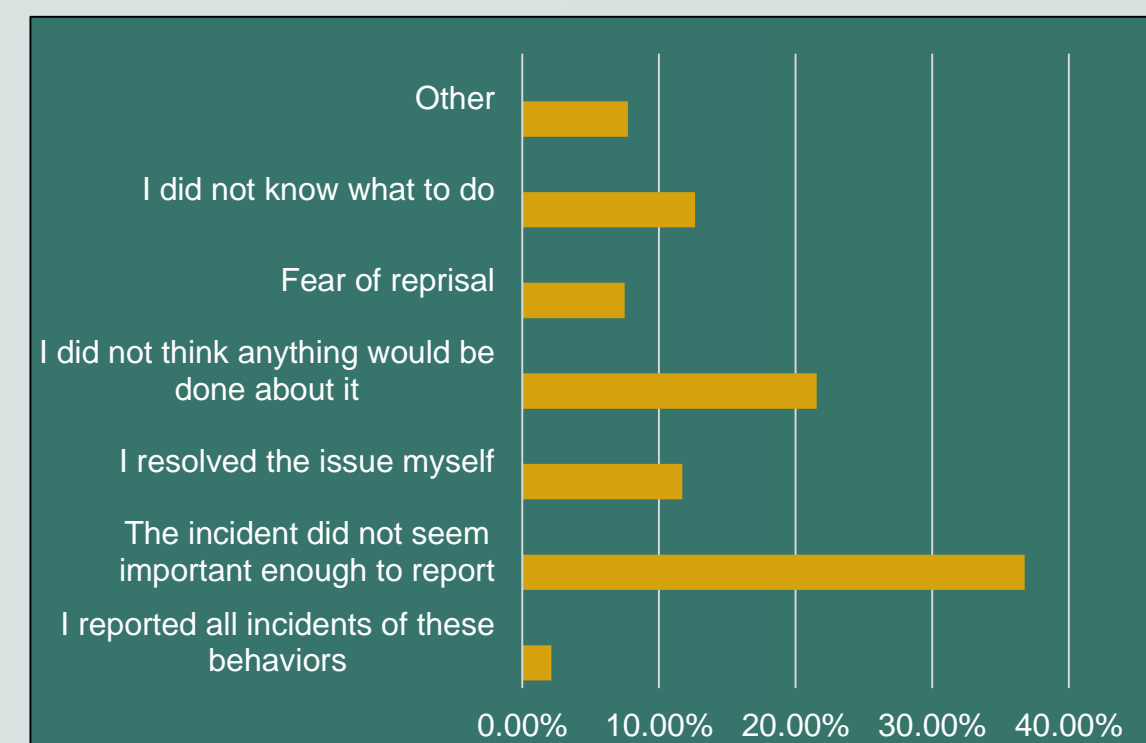


Figure 3 indicates the reasons students did not report mistreatment to faculty/administration. It shows that what one regards as "good enough" is lost throughout our student population. This causes not only a decrease in reporting but also a misunderstanding on what qualifies as mistreatment and what to do when one experiences it.

When asked, 75% of students expressed the benefit of undergoing a training session that addresses how to appropriately respond to situations of personal and observed student mistreatment both from members of the healthcare team and from patients.

DISCUSSION

- The survey documents that mistreatment is still prevalent in student's day to day activities. Consequently, it is also found that mistreatment is not just perpetuated by one's professional peers, but patients as well.
- This survey exhibits the prevalence of mistreatment in addition to the misalignment of the definition of mistreatment and when it is "enough" to report it.
- When discussing future steps as an institution, it is important to reference examples at other institutions who have also taken steps to address mistreatment in their student population.
- In the David Geffen School of Medicine at UCLA, M3's conduct a module in which mistreatment is discussed in small groups. The goal of these discussions is to develop a clear understanding of mistreatment in their institution. Their efforts resulted in increased reporting due to students' better understanding of mistreatment, giving them more confidence to identify and report mistreatment³.
- There is also documentation of rotation-specific mistreatment programs. In the surgery clerkship, for example, medical students had the opportunity to not only define mistreatment but were also empowered to have a safe space for discussion with their peers and faculty without negative repercussions¹.
- The results of this survey make it evident that mistreatment is still significantly prevalent in our institution. However, it is also prevalent that when these situations do happen students are unable to cope due to lack of training on how to handle situations of mistreatment and that there is a gap in student education on this issue that needs to be addressed.
- Using other institutions as a model, next steps must be taken to prepare our students for possible situations of mistreatment, so they are not just aware of its prevalence and who conducts mistreatment, but also so our students are prepared on how to react and ultimately protect themselves in the clinical space.

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