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BACKGROUND

- Mistreatment of medical students by residents, faculty, and other employees involved in their clinical education is a broadly recognized and researched occurrence, one which medical schools work diligently to correct in order to protect their students^{1,2}.
- However, patients remain an overlooked and unacknowledged source of medical student mistreatment, which likely contributes to the common student perception that these experiences are an invariable part of their medical training³.
- With national advances in preclinical curricula, medical students are required to interact with patients earlier in their medical education, often at sites outside of the structured setting of clinical clerkships.
- The goal of this study is to investigate the most prevalent sites of student-reported patient mistreatment experiences at Wayne State University School of Medicine (WSUSOM) affiliated locations and examine the differences in distribution based on class-year.

METHODS

- Our Qualtrics survey was made available to all medical students enrolled in the classes of 2020 (M4), 2021 (M3), 2022 (M2), and 2023 (M1) at WSUSOM between April and June of 2020.
- The voluntary and anonymous survey was administered via a link within survey recruitment emails sent to WSUSOM class listservs.
- The survey was modeled from the “Behaviors Experienced During Medical School” section of the Association of American Medical Colleges (AAMC) Graduation Questionnaire (GQ), with the pivotal focus being on the prevalence of medical student mistreatment by patients, excluding behavior attributed to neuropsychiatric symptoms.
- The survey also investigated the settings at which medical student respondents experienced the mistreatment behaviors by patients.
- The results are based on the responses of 582 WSUSOM students (50.7%) who completed the survey.

RESULTS

43% of respondents reported at least one experience of patient mistreatment at an WSUSOM affiliated location.

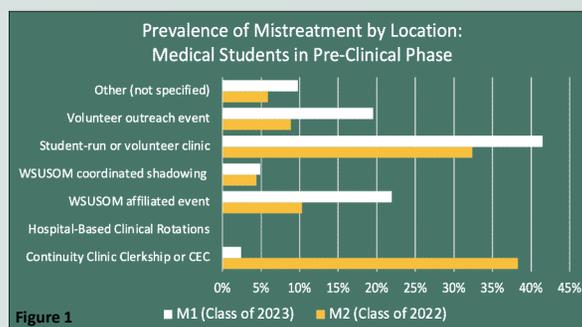


Figure 1

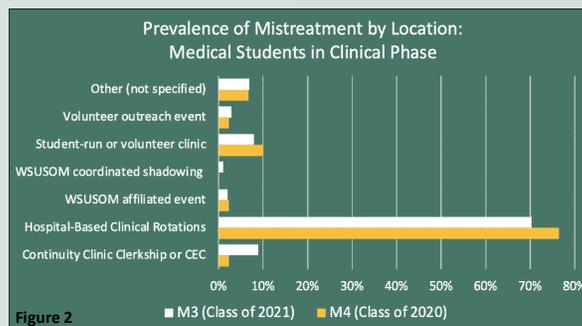


Figure 2

Figures 1 and 2. For M3 and M4 students, experiences of patient mistreatment were more likely to occur in the setting of clinical rotations (70.3% and 76.4%), which is reflective of WSUSOM curriculum progression. WSUSOM affiliated volunteer clinics and continuity clinics were the most prevalent settings of patient misbehavior reported among M1 (41.5%) and M2 (38.2%) medical students, respectively, indicating this issue prevails beyond the clerkship setting. Respondents were able to select more than one location.

DISCUSSION

- Our data show that patients are a significant source of mistreatment toward medical students, which reflects the findings of a recent study on mistreatment of residents and fellows⁴.
- These patient misbehaviors are encountered at many WSUSOM affiliated locations, suggesting that this may be a pervasive issue within medical education.
- Despite the lower prevalence compared to M3 and M4 clinical rotations, the extent of patient mistreatment of M1 and M2 students at WSUSOM service-learning opportunities and events identifies a gap in our understanding of the full scope of this issue.
- Students in the pre-clinical phase of medical education have less training, supervision, and experience with patients, and thus are potentially more vulnerable to experiences of mistreatment by patients.

SIGNIFICANCE

- As institutions continue to incorporate direct patient interactions earlier in their curricula and encourage medical students to participate in outreach events and volunteer clinics, it becomes crucial that patient mistreatment experiences be acknowledged and researched.
- The sites at which medical students are mistreated, both by patients and other individuals involved in their medical education, must also be documented to identify settings where student experiences could be improved.
- A better understanding of this issue at the institutional level could influence future WSUSOM policies and procedures. Furthermore, the incorporation of these topics within the AAMC GQ and Year Two Questionnaire (Y2Q) would allow for the robust data necessary to create national interventions that abate patient mistreatment of medical students.

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