

Student Mistreatment Perceptions

Creating a supportive environment for learning in medical schools presents an ongoing challenge. One important issue that must be addressed in creating a supportive learning environment is the mistreatment of students during their medical education. Since 1990, the AAMC's Medical School Graduation Questionnaire (GQ) has included questions about student mistreatment. This CIME issue compares data from the student mistreatment section of the 1996 (n=13,168) and 1999 (n=12,600) GQ.

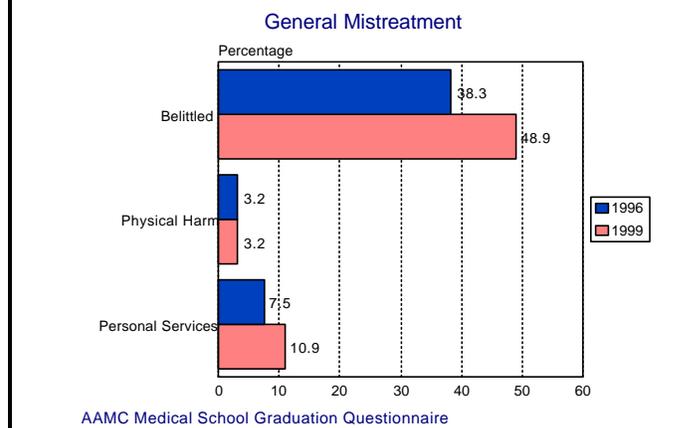
Mistreatment Data

Comparison of GQ student mistreatment data for the 1996 graduating class with that for the 1999 graduating class indicate that perceived student mistreatment has intensified. For example, 38.3% of respondents in 1996 reported being belittled in medical school in comparison with almost half the graduating class (48.9%) in 1999 (see Figure 1). Although incidents of threatening to produce, or actually producing, physical harm remained constant, demands to perform personal services (e.g., shopping, babysitting, and the like) rose from 7.5% (in 1996) to 10.9% (in 1999).

Data describing sexual mistreatment also indicate an increase between 1996 and 1999. While 4.3% of all respondents in 1996 reported being denied opportunities because of gender, this proportion had doubled by 1999 to 8.7% of respondents. Similarly, 8.7% of 1996 respondents reported being the subject of offensive

- In 1996, 4.3% of GQ respondents reported being denied opportunities because of gender, this proportion had doubled by 1999 to 8.7%.
- In 1996, 3.8% of respondents reported being subjected to racially or ethnically offensive remarks; by 1999, this proportion had risen to 7.2%.
- Belief that lower evaluations were related to sexual orientation was reported by 0.4% of respondents in 1996 and 0.8% of respondents in 1999.

Figure 1: Medical Student Mistreatment 1996 and 1999



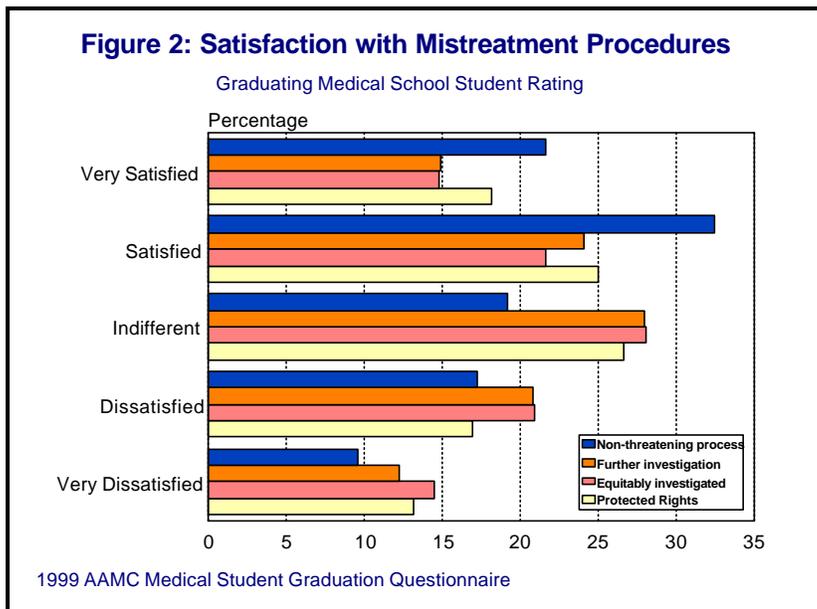
remarks based on gender; by 1999, this proportion had risen to 12.5%. In 1996, 6.1% of respondents believed they received lower evaluations because of their gender, while in 1999, the percentage had risen to 10.2%. The proportion of male and female respondents remained relatively stable during this time period.

Racial/ethnic mistreatment data show a similar pattern. While 2.7% of 1996 respondents reported they were denied opportunities because of their racial or ethnic background, this proportion more than doubled to 6.6% in 1999. Similarly, 3.8% of respondents reported being subjected to racially or ethnically offensive remarks in 1996; by 1999, this proportion had risen to 7.2%. In addition, 2.9% of all respondents in 1996 believed they had received lower evaluations because of their race or ethnicity; by 1999, this percentage had risen to 5.7%.

Sexual orientation mistreatment is also increasing. Students who believed that they were denied opportunities because of their sexual orientation was 0.4% in 1996 and 0.8% in 1999. Being the recipient of offensive remarks related to sexual orientation was reported by 0.9% of the 1996 respondents and 1.4% of 1999 respondents. Belief that lower evaluations were related to sexual orientation was reported by 0.4% of respondents in 1996 and 0.8% of respondents in 1999.

GQ data also provide some information on who is responsible for the mistreatment. Respondents indicated that the clinical setting is the dominant arena in which mistreatment occurs. In 1999, clinical faculty (27.8%), residents (31.0%), and nurses (21.5%) were identified as the main perpetrators of mistreatment.

While the above data indicate that mistreatment is on the rise, 1999 GQ data show that students today are less likely to report incidents of mistreatment than in 1996. In 1996, 26.9% of graduating medical students responding to the GQ indicated that they had reported mistreatment. In 1999, this proportion fell to 12.4%. When mistreatment is reported, however, it continues to be more likely reported to a faculty member than to the Dean of Students. In 1996, 16.6% of students responded that they had reported mistreatment to the Dean of Students; in 1999, this percentage was 3.8%. In 1996, 25.6% of students responded that they had reported student mistreatment to a faculty member; in 1999, this proportion was 6.7%.



GQ data from 1999 suggest that there is wide variation in student satisfaction with the application of medical school mistreatment procedures. Specifically, students were asked to rate their satisfaction with the following mistreatment procedures:

- Provided a non-threatening and easily accessible mechanism for the submission and processing of your complaint(s),
- Objectively determined if further investigation was warranted,
- Equitably investigated and adjudicated complaint(s), and
- Appropriately protected your rights.

As seen in figure 2, although the majority of affected students appeared to be satisfied with current procedures, there is still more that can be done.

Resources

At the 1998 AAMC Annual Meeting, the Group on Student Affairs presented an exercise in defining mistreatment. The "Draw the Line" exercise proved to be of tremendous interest and was developed into a kit for medical schools to use with their own students. These kits include 21 vignettes (from the original exercise), colored markers, and a copy of the new Liaison Committee on Medical Education (LCME) guidelines on student mistreatment (for more information

contact lgordinier@aamc.org).

In response to the newly approved LCME accreditation standard concerning student mistreatment, AAMC's Group on Student Affairs has also produced the "Appropriate Treatment in Medicine (ATM): A Compendium on Medical Student Mistreatment." This document may be a helpful resource to schools who are revisiting issues of abuse within their own institutions (to order call 202-828-0416).

In addition, to gain further information about mistreatment issues, the 2001 GQ will attempt to further explore why mistreatment occurrences are increasing, while reporting those occurrences to school officials is decreasing. All Schools data from past years are available online at www.aamc.org/meded/gq and school specific data are usually available from that school's office of student services.

Conclusion

Data concerning mistreatment is troubling, but the AAMC is supporting the academic medical community in their efforts to educate students, faculty, and staff about mistreatment issues. As these efforts continue, there is hope that the learning environment in medical schools will become increasingly supportive.

For Additional Information: Robert Sabalis, Section for Student Programs, 202-828-0684, E-mail rsabalis@aamc.org. *This and past issues of CIME are available at* www.aamc.org/meded/edres/cime.