

Recent Trends in the Reporting of Medical Student Mistreatment

Medical schools face the challenge of creating supportive environments for medical education, particularly settings free of sexual harassment and racial discrimination. A 2000 AAMC study¹ documented that the reporting of medical student mistreatment²—general (such as public belittlement), sexual, racial/ethnic, and sexual orientation—had become more prevalent in the late 1990s. This Analysis in Brief examines trends from 2000-2004 in the reporting of medical student mistreatment, including breakdowns by gender and race/ethnicity.

The present analysis used data from the AAMC's Graduation Questionnaire

(GQ), a national survey of graduating medical students administered annually since 1978. Questions about medical students' perceptions of mistreatment first appeared in the 1990 survey and have been gradually expanded. Data from 2000 to the present are not directly comparable to pre-2000 data because of the question formatting and survey administration changes made in the 2000 GQ.³ Accordingly, one cannot directly compare the present findings with pre-2000 studies. Moreover, the present findings are not necessarily generalizable to all U.S. medical school graduates because the data are not weighted to account for the varying survey response rates across schools.

Overall Reports of Mistreatment

Between 2000 and 2004, the percentage of graduating medical students who indicated that they had personally experienced some type of mistreatment⁴ declined from 20 percent to 14 percent (Table 1). Initial results from the 2005 GQ suggest a continuation of the trend: approximately 13 percent of responding students reported mistreatment.

Reports of Sexual Mistreatment

A large percentage of mistreatment reported by GQ respondents is sexual mistreatment. Among medical students who had reported mistreatment experiences in 2000-2004, for example, 48 percent reported that they had experienced sexual mistreatment.⁵ Figure 1 presents the overall incidence of mistreatment by gender (shown in the line graph) as well as the numbers of male and female medical school graduates who reported any form of mistreatment and who specifically reported sexual mistreatment (shown in the bar graphs).

Female medical school graduates reported overall incidents of mistreatment at slightly higher rates than did male graduates, although the percentage reporting mistreatment is on the decline for both women and men. Of the female medical students who reported mistreatment in 2000-2002, about two-thirds reported sexual mistreatment, which is about double the rate reported by male students. In 2004, the percentage of women reporting sexual mistreatment had declined to 59 percent, whereas the percentage of men reporting sexual mistreatment had not changed (32 percent).

Table 1. The Number of GQ Respondents and the Number and Percentage of Graduates Reporting Any Form of Personal Mistreatment, 2000-2004.

Survey Year	Number of Survey Respondents	Number of Respondents Answering Any Mistreatment Question	Number (%) of Respondents Reporting Mistreatment
2000	14,380	13,888	2,822 (20.3%)
2001	14,206	14,133	2,410 (17.1%)
2002	14,240	14,159	2,335 (16.5%)
2003	13,764	13,632	2,050 (15.0%)
2004	10,893	10,683	1,445 (13.5%)

¹ Student Mistreatment Perceptions. *Contemporary Issues in Medical Education*. AAMC. July/August 2000; vol. 3: No. 4. Available at www.aamc.org/data/aib.

² Mistreatment is defined in the GQ as behavior that "shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation." (2001 GQ, page 24).

³ See www.aamc.org/data/aib for more information on the effects of the administration and formatting changes in the GQ and the decline in the number of survey respondents in the 2004 GQ.

⁴ To simplify the analysis, we examined only the reporting of mistreatment without considering its frequency ("once," "occasionally," or "frequently").

⁵ See www.aamc.org/data/aib for all of the 2005 GQ questions on sexual and racial/ethnic mistreatment, as well as those on general and sexual orientation mistreatment.

Figure 1. The Number and Percentage of Medical School Graduates Reporting Mistreatment by Gender and the Percentage of those Reporting Sexual Mistreatment, 2000-2004.

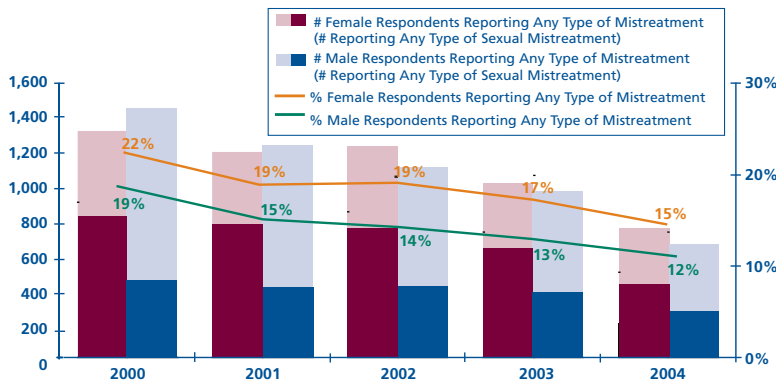
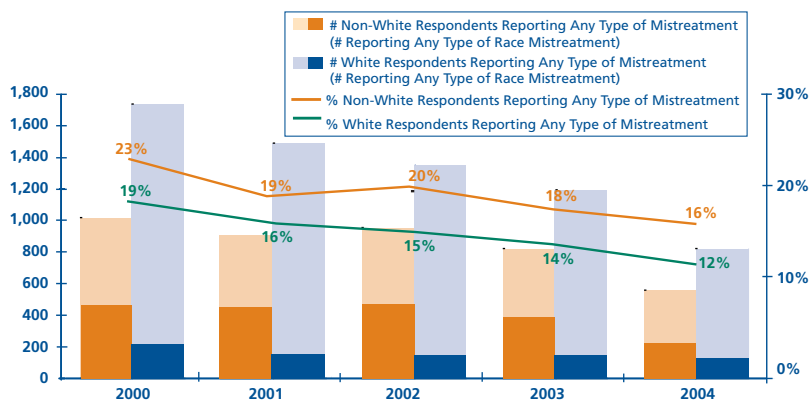


Figure 2. The Number and Percentage of White and Non-White Medical School Graduates Reporting Any Form of Mistreatment and the Percentage of those Reporting Race/Ethnicity-related Mistreatment, 2000-2004.



Reports of Racial and Ethnic Mistreatment

Of the 2000-2004 GQ respondents, 26 percent reported that they had experienced race/ethnicity-related mistreatment.⁵ The percentage varies considerably among different racial/ethnic groups: 67 percent among blacks, 41 percent among Asians, and 36 percent among Hispanics, compared to 12 percent among whites.

Figure 2 presents the overall reporting of mistreatment among GQ respondents from 2000-2004 for white and non-white students (shown in the line graph) as well as the number of white and non-white students who reported any form of mistreatment and who specifically reported racial mistreatment (shown in the bar graphs). As shown by the line graphs, non-white medical school graduates reported incidents of mistreatment at higher rates than did whites, although

the percentage reporting mistreatment declined slightly for both groups. Over the reporting period, about half of the non-white students who had reported mistreatment indicated that the nature of their mistreatment was related to their race/ethnicity, compared to 11-13 percent among white students.

Reporting of Mistreatment to School Officials

The percentage of students who reported incidents of mistreatment to medical school faculty or staff remained at 30 percent between 2001 and 2004. Of the remaining 70 percent of students who did not report the mistreatment during this period, nearly half (48 percent) indicated that the “incident(s) did not seem important enough to report;” 46 percent of respondents indicated “fear of reprisal;” and 21 percent indicated they “did not know what to do.”

Conclusions

From 2000 to 2004, the percentage of GQ respondents reporting that they had been personally mistreated during medical school declined slightly. Sexual and race/ethnicity-related mistreatment persisted, however, as evidenced by the substantially greater percentage of female students and non-white students (and black students in particular) reporting that they had experienced sexual and race-related mistreatment. These findings are consistent with a recent study that found high levels of harassment among college students.⁶ Seventy percent of medical students reporting mistreatment on the GQ did not inform a medical school faculty member or an administrative staff person; major reasons for non-reporting included fear of reprisal, considering the incident trivial, or not knowing what to do. As recommended in “Appropriate Treatment in Medicine: A Compendium on Medical Student Mistreatment” (AAMC, 2000⁷), medical schools must continue their efforts to ensure that their learning environments are supportive for all students, especially for women and minority students.

Authors:

Hisashi Yamagata, PhD, Senior Research Associate, Center for Workforce Studies, Division of Medical School Affairs, hyamagata@aamc.org, 202-862-6236.

Mark G. Haviland, PhD, Professor of Psychiatry, Loma Linda University School of Medicine, mhaviland@llu.edu, 909-558-4505.

Leonard S. Werner, MD, Associate Dean for Educational Affairs, Loma Linda University School of Medicine, lwerner@llu.edu, 909-558-4255.

Rajeev K. Sabharwal, MPH, Associate Director, Educational Research and Evaluation, Division of Medical Education, rsabharwal@aamc.org, 202-828-0979.

Association of American Medical Colleges

2450 N Street, N.W.
Washington, D.C. 20037-1127
analysis@aamc.org
www.aamc.org/data/aib

⁶ Hill C. and Silva E. *Drawing the Line: Sexual Harassment on Campus*. AAUW Educational Foundation, 2005, Washington, DC.

⁷ See www.aamc.org/publications for more information.