





Mistreatment \square lower levels of self-esteem or self-confidence \square decreased rates of willingness to ask for help from other members of the care team.

Results



Table 1

Cuban

Spanish origin

Prefer to self-describe

Prefer not to say

Another Hispanic, Latino/a/x, or

Respondent demographics (N = 290).

Gender	
Female	177 (61%)
Male	107 (37%)
Non-Binary/Third Gender	2 (0.7%)
Transgender	1 (0.3%)
Prefer not to say	1 (0.3%)
Prefer to self-describe	2 (0.7%) No self-description provided
Race & Ethnicity ^a	
American Indian or Alaskan Native	4 (1%)
Asian	66 (23%)
Black or African American	28 (10%)
Hispanic, Latino/a/x, or Spanish	20 (7%)
Middle Eastern	20 (7%)
Native Hawaiian or Other Pacific	3 (1%)
Islander	
White	176 (61%)
Prefer not to say	5 (2%)
Prefer to self-describe	1 (0.3%) Albanian
Hispanic, Latino/a/x, Spanish Background ^a	
Mexican American, Chicano/a/x	
Puerto Rican	4 (20%)

1 (5%)

3 (15%)

9 (45%)

1 (5%)

2 (10%) Dominican, Guatemalan

- students in the graduating classes of 2021 and 2022
- seven core clerkships (Internal Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Neurology, Psychiatry, and Family Medicine) for the class of 2022
- 290 responses of a possible 376 were received for a response rate of 77.1%.
 259 respondents (90%) finished the survey to 100% completion



Table 2

Reported mistreatment – part I (N = 273).

Frequency of Mistreatment		Source of Mistreatment ^a	
Discrimination based on	gender identit	y (N=141, 52%)	
		Patients	119 (84%)
Never	132 (48%)	Attending physicians	69 (49%)
A few times a year	120 (44%)	Administrators	4 (3%)
A few times a month	19 (7%)	Residents or fellows	39 (28%)
A few times a week	1 (0.4%)	Nurses	26 (18%)
Everyday	1 (0.4%)	Support staff	24 (17%)
		Other medical students	23 (16%)
Discrimination based on	race (N=81, 30	0%)	
		Patients	63 (78%)
Never	192 (70%)	Attending physicians	33 (41%)
A few times a year	71 (26%)	Administrators	6 (7%)
A few times a month	8 (3%)	Residents or fellows	21 (26%)
A few times a week	0 (0%)	Nurses	13 (16%)
Everyday	2 (0.7%)	Support staff	16 (20%)
		Other medical students	10 (12%)
Physical abuse (N=7, 3%))		
		Patients	0 (0%)
Never	266 (97%)	Attending physicians	2 (29%)
A few times a year	6 (2%)	Administrators	0 (0%)
A few times a month	0 (0%)	Residents or fellows	3 (43%)
A few times a week	0 (0%)	Nurses	0 (0%)
Everyday	1 (0.4%)	Support staff	0 (0%)
		Other medical students	0 (0%)

Verbal or emotional abuse (N=102, 37%)

		Patients	35 (34%)
Never	171 (63%)	Attending physicians	62 (61%)
A few times a year	93 (34%)	Administrators	9 (9%)
A few times a month	8 (3%)	Residents or fellows	57 (56%)
A few times a week	0 (0%)	Nurses	29 (28%)
Everyday	1 (0.4%)	Support staff	32 (31%)
		Other medical students	8 (8%)
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Sexual harassment (N=6	15, 24%)		
		Patients	56 (86%)
		1 attents	50 (0070)
Never	208 (76%)	Attending physicians	8 (12%)
Never A few times a year	208 (76%) 59 (22%)		
		Attending physicians	8 (12%)
A few times a year	59 (22%)	Attending physicians Administrators	8 (12%) 0 (0%)
A few times a year A few times a month	59 (22%) 4 (1%)	Attending physicians Administrators Residents or fellows	8 (12%) 0 (0%) 9 (14%)

^a Respondents could choose more than one option.

Statistics are reported as N(%) for each type of discrimination and n(%) for each frequency and source of discrimination.





Table 3

Reported mistreatment – part II (N = 195).

Setting of mistreatment ^a	
Surgery	120 (62%)
Internal Medicine	102 (53%)
Obstetrics and Gynecology	52 (27%)
Neurology	42 (22%)
Pediatrics	30 (15%)
Family Medicine	24 (12%)
Sub-Internship	21 (11%)
Psychiatry	12 (6%)
Emergency Medicine	9 (5%)
Elective	9 (5%)
Not Applicable	2 (1%)

Statistics are reported as n(%).

^a Respondents could choose more than one option.



Table 4

Relationship between gender identity and mistreatment.

	Female $N = 170$	$\begin{array}{l} \text{Male} \\ \text{N} = 100 \end{array}$	P-value
Overall	143 (84%)	57 (57%)	<0.0001 ^a
Discrimination based on gender identity	106 (62%)	32 (32%)	<0.0001 ^a
Discrimination based on race	57 (34%)	23 (23%)	0.0673 ^a
Physical abuse	2 (1%)	3 (3%)	0.3628^{b}
Verbal or emotional abuse	64 (38%)	35 (35%)	0.6629 ^a
Sexual harassment	56 (33%)	7 (7%)	<0.0001 ^a

Statistics are reported as n(%).

^a P-value is from the chi-square test with a significance level defined at 0.05.

^b P-value is from the Fisher exact test with a significance level defined at 0.05.

Table 5

Relationship between race/ethnicity and mistreatment.

	White $N = 145$	$\begin{array}{l} \text{Asian}\\ \text{N}=53 \end{array}$	Black or African American $N = 18$	Hispanic or Latino/a N = 9	Middle Eastern ${ m N}=15$	$\begin{array}{l} \text{Other}^{a} \\ \text{N} = 29 \end{array}$	P-value
Overall	99 (68%)	46 (87%)	14 (78%)	5 (56%)	10 (67%)	25 (86%)	0.0331 ^b
Discrimination based on gender identity	71 (49%)	28 (53%)	8 (44%)	4 (44%)	6 (40%)	21 (72%)	0.2264^{b}
Discrimination based on race	2 (1%)	39 (74%)	13 (72%)	4 (44%)	9 (60%)	10 (34%)	<0.0001 ^b
Physical abuse	4 (3%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)	1.0 ^b
Verbal or emotional abuse	55 (38%)	23 (43%)	5 (28%)	2 (22%)	6 (40%)	10 (34%)	0.7981^{b}
Sexual harassment	38 (26%)	9 (17%)	2 (11%)	1 (11%)	2 (13%)	12 (41%)	0.1000^{b}

Results



Table 6

Reported mistreatment – part III (N = 195).

Approach to mistreatment ^a			
Nothing	152 (78%)		
Addressed it directly with the person responsible	28 (14%)		
Reported it to the resident or fellow	20 (10%)		
Other	20 (10%)		
Reported it anonymously through the LERS ^a	18 (9%)		
Reported it to the attending physician	17 (9%)		
Reported it to doctoring faculty ^b	9 (5%)		
Has your experience with previous mistreatment/	harassment kept you from		
vocalizing a concern or observation in regards to a patient or their care?			
Yes	48 (26%)		
No	147 (75%)		
Has fear of/concern for future mistreatment/harassment kept you from			
vocalizing a concern or observation in regards to a patient or their care?			
Yes	59 (30%)		
No	136 (70%)		

Statistics are reported as n(%).

^aRespondents could choose more than one option.

^a LERS = Learning Environment Reporting System.

^b Doctoring Faculty are two longitudinal faculty/small group leaders. Each medical student is placed in a Doctoring Group during orientation of their first year, and they remain in this group throughout their time in medical school.

Table 7

Association of type of mistreatment with not reporting.

	Experience with previous mistreatment/harassment kept student from vocalizing a concern or observation in regards to a patient or their care	Fear of/concern for future mistreatment/harassment kept student from vocalizing a concern or observation in regards to a patient or their care
Discrimination based on gender identity	1.959 [0.902, 4.255]	3.439 [1.562, 7.575]
Discrimination based on race	2.494 [1.293, 4.848]	1.772 [0.954, 3.294]
Physical abuse	1.555 [0.276, 8.766]	1.158 [0.206, 6.502]
Verbal or emotional abuse	5.508 [2.550, 11.900]	3.958 [2.029, 7.722]
Sexual harassment	0.743 [0.360, 1.531]	1.769 [0.932, 3.555]

Data reported as odds ratio [95% confidence interval].





1.Selection Bias: Surveys inherently have selection bias. In this case, those affected by mistreatment might be more inclined to respond.

2.Recall Bias: Over time, the memories of events can fade or become distorted. To mitigate this, the survey was timely distributed after pertinent events or periods of training.

3.Incomplete Representation: The survey doesn't account for all forms of discrimination. For example, religious discrimination was not addressed.
4.Limited Scope: The study was conducted at a single institution, which might limit its generalizability.

5.Subjective Opinions: Questions regarding the impact of mistreatment on communication with team members are based on individual perceptions, making them potentially non-generalizable .

6.Potential Unknown Harm: The study couldn't capture potential harm to patients that might have occurred after students left their rotations.





Female students faced more mistreatment than male peers. Patients were often responsible for gender, race-based discrimination, and sexual harassment. Mistreatment can hinder student-team communication, risking patient outcomes. There's a need for institution-wide reforms and training to address patient-initiated mistreatment.

THANK YOU !