

# Under the Knife: Medical Student Perceptions of Intimidation and Mistreatment

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**BACKGROUND:** The progression from classroom to clinical setting can be a difficult transition for medical students. Experience in the operating room is anticipated as one of the most challenging environments for a novel medical learner. We sought to identify common concerns before exposure in this learning environment and examine the experience of final-year medical students on their surgical clerkship rotation in an effort to identify areas where improvements can be made.

**METHODS:** A 20-question survey was developed after a focus group met to identify potential issues that medical students encounter during their surgical clerkship. Personal and anecdotal experiences guided the development of the survey. It was distributed to final-year medical students and recent graduates (350 individuals) using SurveyMonkey. A quality improvement ethics application was completed before the commencement of the survey, as were participant consent forms. Responses were grouped and common themes were identified in the experiences reported by 2 investigators.

**RESULTS:** A total of 72 individuals responded to the survey, providing a 21% response rate. Subjects were asked how confident they were in their understanding of what was expected during a surgical rotation. Of them, 52 (72%) responded that they were “unsure” or “very unsure,” whereas only 12 and 3 felt “somewhat confident” and “very confident,” respectively. Most of the learners felt nervous (96%) and feared appearing incompetent (89%). Common concerns included insufficient knowledge and technical skill, anticipated negative experiences, and feelings of uncertainty regarding medical student expectations.

**CONCLUSION:** We present common themes stemming from medical student experiences during their surgical clerkship. We comment on perception of intimidation and abuse, the rationalization behind such behavior, and

perceived lack of guidance. The intention of this analysis was to identify weaknesses in our surgical training so that a quality improvement plan can be implemented. (J Surg 72:749-753. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** medical education, surgical education, intimidation, teaching, clerkship

**COMPETENCY:** Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice-Based Learning and Improvement

## INTRODUCTION

The transition from classroom learners to practitioners can be a stressful time. Students are required to continue to expand their knowledge and hone their skills; they must also begin their enculturation into their new profession. The enculturation portion of medical training is a sort of “informal curriculum” that is separate from the traditional didactic teaching of disease management. It includes adoption of the professional behaviors, attitudes, and rituals of the medical profession.<sup>1</sup> Although most medical environments can be stressful at times, certain environments require precision and coordination to ensure patient safety. Certainly, the operating room (OR) is one of such environments that may be particularly tense or pressurized.<sup>2</sup> It is not uncommon for medical students to be unsure of their roles in these environments. This lack of certainty or confidence on the part of the student often results in a great deal of stress and fear.

A study by Pettitt (2005) surveyed medical students before their surgical clerkships to identify which aspects posed the greatest concern. Students generally cited “fear of appearing incompetent,” “fear of mental abuse,” and “fear of poor personal performance” as being major concerns before their surgical rotation. As these are common concerns

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for medical students, these issues become a barrier to effective learning in the OR and may influence medical students' behavior and career choices.<sup>3</sup> It is very concerning that the learning opportunities of medical students may be adversely affected by negative experiences in the OR. What should be highlighted, however, is that the way in which surgical personnel treat medical students is not the only source of fear for medical students. Much of the embarrassment experienced by medical students may also be intrinsic to the students' own expectations of themselves. Many reported being unsure of what was expected of them, how to conduct themselves in the OR, and being fearful of harming a patient.<sup>1</sup> Both the medical students' personal expectations and negative past experiences have been identified as major sources of medical student embarrassment. Our article further exposes how medical students feel in the OR and the reason for it. The aim of this study is to identify common themes in medical students' educational experiences, so that suggestions can be made to improve their learning environment.

## METHODS

The study was conducted between April 2014 and October 2014 at a Canadian medical school. A focus group consisting of 4 medical professionals met to identify potential issues that medical students encounter during their surgical training. The group consisted of a medical student, junior surgical resident, and surgical and nonsurgical staff. After discussion of personal and anecdotal experiences, a questionnaire of 20 multiple-choice and short-answer questions was fabricated. A quality improvement ethics application (A pRoject Ethics Community Consensus Initiative [ARECCI]) was completed before the commencement of the survey. The survey was distributed using SurveyMonkey to recently graduated medical students (within 6 months) and medical students in their final year of study. Medical students were invited to participate having completed preclerkship or clerkship (final year) surgery rotation. A period of 2 weeks allowed respondents to consent to the study and access the survey anonymously. The data were read and analyzed by 2 investigators. Categories to facilitate comparison of themes were created.

## RESULTS

A total of 72 individuals responded to the survey, providing a 21% response rate (42 clinical clerks and 30 residents). Almost three-quarters reported they were likely to pursue or are currently in a nonsurgical specialty (28 clerks and 24 residents). Subjects were asked how confident they were in their understanding of what was expected during a surgical rotation, elective, or shadowing experience. Of the 72 individuals, 52 (72%) responded that they were "unsure" or "very unsure,"

whereas only 12 and 3 that felt "somewhat confident" and "very confident," respectively. All individuals who reported feeling "very confident" were learners pursuing a surgical specialty. Overall, 5 individuals felt indifferent to the experience.

In anticipation of their first experiences in the OR, most of the learners felt nervous (96%, 68 of 72). Overall, 89% of students feared appearing incompetent (64 of 72). When asked to assess how confident they were in understanding their roles and expectations of them, very few respondents felt very or somewhat confident (3 and 12, respectively). These responses were equally mixed among surgically and nonsurgically inclined learners. Other emotions identified through short-answer questions included embarrassment, uncertainty, and fear. Worries included answering questions wrong, accidentally breaking sterile field, not being helpful enough, lacking experience, and harming the patient (Table). Uncertainty of expectations and insufficient knowledge were the most frequent trepidations. Comprehensive discussions of the themes identified are further outlined in the following discussion.

## DISCUSSION

### Abuse and Perception of Abuse

In previous studies, rates of medical student abuse have been reported to range between 74% and 98%.<sup>4,5</sup> The most commonly cited types of abuse were verbal and humiliation (87%-98%), whereas reported threats of physical harm ranged from 8% to 26%.<sup>4</sup> Unfortunately, adverse experiences during the surgical clerkship may have significant and lasting consequences. Students who reflect upon their experiences and describe them as "abusive" are more likely to become depressed and develop addiction.<sup>6</sup> These negative experiences may also create a sense of lasting jadedness about students' educational experiences and future career outlook.<sup>7</sup> Early negative experiences in medical training may have an insidious and deleterious effect on the trainee's choice of profession.<sup>8</sup> Some of the study participants indicated that certain experiences during the surgical block of their clerkship have negatively affected their opinions about a career in surgery. A respondent described a negative experience with OR personnel: "*That was pretty much the beginning of the end of me considering a surgical career.*" Another respondent, who also indicated being a surgical resident, stated his or her experiences caused him or her to "*think twice about choosing surgery.*" Conversely, a limited number of respondents indicated that their decision to not pursue a career in surgery was less likely related to their interactions in the OR and more reflective of factors such as "*standing for too long*" and had "*more to do with hours*" that surgical residents work.

There are some researchers who believe that abuse is unavoidable in medical education, and the argument has been made that the perception of an action or comment made by operating team personnel may vary from student to

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