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Reported Mistreatment During the Surgery Clerkship Varies by Student Career Choice

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BACKGROUND: Student mistreatment is often a major concern during the surgery clerkship. We hypothesized that mistreatment is decreasing and that career choice may reflect perceived mistreatment.

METHODS: We surveyed 2319 physicians about their surgery clerkships. Mistreatment reporting was correlated to physician specialty and medical school graduation year.

RESULTS: The response rate was 18.9% (440/2319). Recent graduates reported less mistreatment than more senior graduates (24.3%-50%, $p = 0.0198$). General surgeons (3/31, 9%), neurologists (1/7, 14%), and subspecialty surgeons (8/35, 19%) reported the lowest mistreatment rates. Psychiatrists (9/16, 56%), internists (31/69, 45%), pathologists (5/13, 38%), and emergency physicians (5/14, 36%) reported the highest rates. The reported rate of mistreatment by nonsurgeons was higher than surgeons (30.4% versus 14.3%, $p < 0.0046$). Mistreatment included sexual harassment, verbal abuse, and lack of teaching.

CONCLUSIONS: Mistreatment during surgery appears to be improving. Its perception varies by the field of training, indicating variable interpretations of what constitutes mistreatment. (J Surg Ed ∎:∎∎∎-∎∎∎. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: mistreatment, surgery, clerkship, student, education, abuse

COMPETENCIES: Practice Based Learning and Improvement, Systems Based Practice, Professionalism

INTRODUCTION

Up to 20% of graduated medical student have reported being mistreated at some point during their medical education.[1] The third year surgery clerkship, more often than any other clerkship, has been suggested as the setting for many incidents of medical student mistreatment.[1] Previous studies have reported sexual harassment, racial prejudice, lack of teaching, and physical threats as forms of mistreatment experienced by students.[1,2] Several sources of mistreatment have been identified, including attending surgeons, residents, and operating room personnel (scrub technicians and nurses).[1,3] To address these abusive behaviors, many institutions have worked to improve standards for professionalism expected in all work places.[4,5] These standards focus on improved communication and the reduction of workplace abuse.[5]

With improving standards, the definition of what constitutes student abuse or mistreatment has been a particularly challenging target for institutions to address. Egregious episodes are often obvious to all, but some interactions may fall into a gray zone without clear distinction between what is intended to be educational, that is, "pimping," versus public humiliation.[1] The AAMC in 2011 provided a very broad, all-encompassing definition of mistreatment as the following:

> Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include: sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation; psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.[6]

This definition was abandoned in 2012 to focus on responses to more specific behaviors, which were felt to

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provide more insight on how to correct behavior, but many questions remain unanswered.[6] For example, it is unclear who should ultimately decide when mistreatment has occurred. Previous work has shown that students and faculty have very different perspectives on mistreatment and its qualifiers, and it is plausible that different perspectives exist among faculty from different training backgrounds.[7] Despite the lack of clarity as to what constitutes mistreatment in every situation, many schools have resorted to zero tolerance mistreatment policies.[8,9]

There has been increased interest in obtaining a better understanding of what qualifies as mistreatment, what propagates mistreatment, how mistreatment is manifested, and the subsequent effects it has on medical students and their education.[1-3,10] Due to the high rate of reported medical student mistreatment, the core surgical clerkship offers great insight into these issues related to mistreatment. We sought to assess for the types of and trends of mistreatment experienced by former students during their core surgery clerkships in the era of rising professional standards.

METHODS

To understand the trends related to medical student mistreatment during the core general surgery clerkship, we created a 12-question needs assessment survey focused on the surgery clerkship using Qualtrics online software (Appendix A). Questions related to mistreatment were also included in the survey. Initially, this survey was presented to and validated by a small focus group of fourth year medical students, who had completed the core general surgery clerkship, to assess survey quality. After minor modifications, the survey was then forwarded to 2319 residents and junior faculty physicians at a single academic center. Senior faculty were not included as it was felt that they had likely trained in the era before mistreatment being a concern. Participation in this survey was voluntary and anonymous.

Respondents were asked to specify their primary specialty, their medical school, and year of graduation. They were also asked to identify any forms of mistreatment they experienced during their third year general surgery clerkship and to elaborate on the specifics regarding any incidents. Any data from incomplete surveys was removed from further analysis.

After obtaining responses, the total response rates and mistreatment rates were calculated based upon specialty, year of medical school graduation, and gender. When assessing the relationship between graduation year and mistreatment rates, the mistreatment rates were assessed in 5-year intervals based on responses from physicians who graduated between 1990 and 2013. Responses obtained from physicians were also separated into all-surgeon and all-nonsurgeon categories. The all-surgeon group was defined as responding physicians who designated their specialty as either general surgery or a subspecialty surgery. The all-nonsurgeon group was comprised of all other respondents. An additional group consisting of responses from all-medicine physicians (internal medicine and internal medicine subspecialty) was also created. The rate of mistreatment reported by each group was calculated and the all-surgeon rate was compared to both the all-nonsurgeon and all-medicine rates. Chi-square analysis was employed to detect statistically significant differences in mistreatment rates obtained from the aforementioned calculations. Additionally, representative descriptions of mistreatment occurrences were analyzed and selected to be provided here. This study was IRB approved (HUM 00065709).

RESULTS

Demographics

The response rate to this survey was 18.9% (440/2319). Of those respondents who completed the survey, 207 (47%) were men and 233 (53%) were women, with 98 American and 13 foreign medical schools represented. Additionally, 26% (115) of responses were from graduates from our own institution. Of responders, 57.5% were still in training (interns, residents, and fellows) and 34% of responders were assistant professors (Fig. 1A). Responding physicians represented a wide variety of specialty backgrounds. The highest percentages of responders self-identified as internists (18%), pediatricians (11%), subspecialty surgeons (10%), or anesthesiologists (10%) (Fig. 1B).

Mistreatment Rates Overtime

When analyzed in 5-year intervals, responses obtained from physicians who graduated between 1990 and 2013 demonstrated a statistically significant decrease in mistreatment reporting (50%-24.3%; 1990-1994 versus 2010-2013; $p = 0.0198$) (Fig. 2). Of note, the number of graduates from each 5-year interval increased from 1990-2013 (22 respondents from 1990-1994, 34 from 1995-1999, 80 from 2000-2004, 132 from 2005-2009, and 164 from 2010-2013).

Mistreatment Rates by Specialty

Surgery clerkship mistreatment reporting rates by physicians varied by specialty with rates ranging from 9%-56% (Fig. 3). Mistreatment rates were lowest among general surgeons (3 of 31, 9%), neurologists (1 of 7, 14%), and subspecialty surgeons (8 of 35, 19%). The highest rates of reported mistreatment were obtained from psychiatrists (9 of 16, 56%), internists (31 of 69, 45%), pathologists (5 of 13, 38%), and emergency medicine physicians (5 of 14, 36%). When assessing responses from all surgeons (77 general surgeons and subspecialty surgeons) as compared to all nonsurgeons (355 other responders), surgeons reported

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