Pimp my Rounds: Humiliation vs Medical Education

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Disclosure

I have the following financial relationships to disclose:

- Institute for Innovative Technology in Medical Education
  - Non-profit that created SIMPLE Cases
  - Salaried Position as Editor-in-Chief

I will not discuss off label use of these educational tools in my presentation.
Educational Objectives:

1. Define what people mean by medical student abuse

1. Discuss the history and scope of medical student abuse

2. Demonstrate some of the controversy surrounding medical student abuse

3. Differentiate techniques that promote vs impede collegial learning on rounds
Faculty: Do you think students today are mistreated or abused?

1. Yes
2. No
Faculty, Residents, Students: Recalling your medical school experience, have you or did you at any point in your training experience an event that you would consider mistreatment or abuse?

1. Yes
2. No
Does mistreatment occur?

- 47.1% of reporting students experienced mistreatment or harassment at least one time during medical school across all medical schools – GQ 2012
Medical Student Abuse - My initial assumption

- If I don’t see it – it’s not happening
- If it is, it must be happening somewhere else

Does mistreatment occur?

- 47.1% of reporting students experienced mistreatment or harassment at least one time during medical school across all medical schools
Abuse
- To use wrongly or improperly; misuse: to abuse one's authority.
- To treat in a harmful, injurious, or offensive way: to abuse a horse; to abuse one's eyesight.
- To speak insultingly, harshly, and unjustly to or about; revile; malign

Mistreatment
- To treat a person or an animal in a cruel, unkind or unfair way
About 116,000 results (0.26 seconds)

The Bullying Culture of Medical School - Well - New York Times
well.blogs.nytimes.com/.../the-bullying-culture-of-medical-school/
Aug 9, 2012 – And early studies found that abuse of medical students was most pronounced in the third year of medical school, when students began working ...

Longtime culture of mistreating students persists at med schools ...
www.ama-assn.org/amednews/2012/08/13/prl20813.htm
Aug 13, 2012 – The harassment can have ripple effects that affect the work environment and patient care.

A Stranger in this World — Medical student mistreatment
natefavini.com/post/4945470122/medical-student-mistreatment
Apr 25, 2011 – Medical student mistreatment How to address the mistreatment of medical students is a hot topic in medical education right now. The LCME, the ...

Eradicating medical student mistreatment: a longitudinal study of ...
www.ncbi.nlm.nih.gov/pubmed/22836847
by JM Fried - 2012 - Cited by 3 - Related articles
PURPOSE: Since 1995, the David Geffen School of Medicine at UCLA (DGSOM) has created policies to prevent medical student mistreatment, instituted safe ...

[PDF] Medical Student Mistreatment Policy - University of Michigan H...
www.med.umich.edu/medschool/.../Mistreatment_Policy_Nov_2011....
File Format: PDF/Adobe Acrobat - Quick View
University of Michigan Medical School, Medical Student Mistreatment Policy, 1
Bullying in medicine

From Wikipedia, the free encyclopedia

This article primarily concerns bullying involving doctors. For bullying involving nurses see Bullying in nursing.

Bullying in the medical profession is common, particularly of student or trainee doctors. It is thought that this is at least in part an outcome of conservative traditional hierarchical structures and teaching methods in the medical profession which may result in a bullying cycle.

According to Field, bullies are attracted to the caring professions, such as medicine, by the opportunities to exercise power over vulnerable clients and over vulnerable employees.[1]

<table>
<thead>
<tr>
<th>Contents [hide]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Impact</td>
</tr>
<tr>
<td>2 Bullying of medical students</td>
</tr>
<tr>
<td>3 Bullying of junior (trainee) doctors</td>
</tr>
<tr>
<td>4 Bullying cycle</td>
</tr>
<tr>
<td>5 Bullying in psychiatry</td>
</tr>
<tr>
<td>6 Doctors bullying/abusing patients and nurses</td>
</tr>
<tr>
<td>7 Bullying in nursing</td>
</tr>
<tr>
<td>8 In popular culture</td>
</tr>
<tr>
<td>9 See also</td>
</tr>
<tr>
<td>10 References</td>
</tr>
<tr>
<td>11 Further reading</td>
</tr>
<tr>
<td>12 External links</td>
</tr>
</tbody>
</table>

Impact

Bullying can significantly decrease job satisfaction and increase job-induced stress; it also leads to low self confidence, depression, anxiety and a desire to leave employment.[1][2] Bullying contributes to high rates of staff turnover, high rates of sickness absence, impaired performance, lower productivity, poor team spirit and loss of trained staff.[1] This has implications for the recruitment and retention of medical staff.

Bullying of medical students

Main article: Bullying in academia

Medical students, perhaps being vulnerable because of their relatively low status in health care settings, may experience verbal abuse, humiliation and harassment (nonsexual or sexual). Discrimination based on gender and race are less common.[3]

In one study, around 35% of medical students reported having been bullied. Around one in four of the 1,000 students questioned said they had been bullied by a doctor, while one in six had been bullied by a nurse. Furthermore, bullying has been known to occur among medical students. Manifestations of bullying include[4]

- being humiliated by teachers in front of patients
- been victimised for not having come from a "medical family"
- being put under pressure to carry out a procedure without supervision.
For 30 years, medical educators have known that becoming a doctor requires more than an endless array of standardized exams, long hours on the wards and years spent in training. For many medical students, verbal and physical harassment and intimidation are part of the exhausting process, too.
ON A BRIGHT morning in late August in the early 1980s, a senior member of a medical school faculty attended an orientation session being held for incoming freshmen medical students. It made him feel good when he looked around the large lecture hall and saw the eager, alert, enthusiastic, and excited men and women from various walks of life and a variety of educational backgrounds. When the dean of the medical school spoke to the new freshmen students and indicated that they would have to work harder than they ever had before, the Faculty Member could almost sense them saying, “That’s OK! Let us at it. Medical school will be an exciting and rewarding experience and we’re ready. We’ve been waiting for this for years.” And when the dean talked about the obligations of medicine, what becoming a physician entailed, and some of the difficult problems with which they would have to deal, their expressions became more serious, but their faces continued to glow with anticipation and the realization that they were finally going to reach one of the main ambitions of their lives—to be able to begin the intense preparation necessary to be physicians.

As the Faculty Member sat looking at the students, he was saddened when he thought of the gradual transforma-
dected, depressed, frightened, and frustrated after being placed in foster homes for a period of a few months, I would be concerned that something terrible had been done to them. I would feel morally and legally bound to report the foster parents to the appropriate authorities because the foster parents might have been guilty of having caused these changes in the children.”

He knew that parents and foster parents sometimes abused children and he wondered whether some (or perhaps many) medical students were also abused after they entered medical school, which in many ways served as a foster home for the students for several years. He asked himself, “Is it possible that medical school is a place where medical students are actually abused? If it is so, how should this possibility be dealt with? Should it be brought to the attention of the faculty? How would they respond? Would they deny the possibility of abuse? Would they downplay the changes in the students by attributing them to a variety of other causes? Would some members of the faculty declare that it had always been this way, that it was inevitable and right for medical students to feel as they did, and that there was no reason to try to change it? Would others say that, ‘Everyone needs to have
Questions raised by Dr. Silver

Commentary

Medical Students and Medical School

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dected, depressed, frightened, and frustrated, placed in foster homes for a period of a few weeks or months, that something terrible had happened to them. I would feel morally and legally bound to report the foster parents to the appropriate authorities and the foster parents might have been guilty of having caused these changes in the children.”

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Would others say that, “Everyone needs to have this experience. It’s good for them. It will help them to be better doctors.”
Teaching Primary Care Medicine—Reply
John E. Verby, MD

Medical Students and Medical School
Henry K. Silver, MD

Bromocriptine Reduces Pituitary Tumor Size and Hypersecretion: Requiem for Pituitary Surgery?
Richard F. Spark, MD; Richard Baker, MD; Don C. Bienfang, MD; Richard Bergland, MD

Herpes Simplex Encephalitis: Clinical Assessment
Richard J. Whitley, MD; Seng-Jaw Soong, PhD; Calvin Linneman, MD; Chien Liu, MD; George Pazin, MD; Charles A. Alford, MD

Evaluation of a Plastic Strip Thermometer
Eugene M. Lewit, PhD; Carter L. Marshall, MD, MPH; Joan E. Salzer, RN, MS

The Case-Control Study: A Practical Review for the Clinician
Gregory F. Hayden, MD; Michael S. Kramer, MD; Ralph I. Horwitz, MD

Duration of Vidarabine Therapy in Biopsy-Negative Herpes Simplex Encephalitis
Marie L. Landry, MD; John Booss, MD; G. D. Hsiung, PhD

Evaluation of Bone Marrow Toxic Reaction in Patients Treated With Allopurinol
Leo Stoibach, MD; Colin Begg, PhD; John M. Bennett, MD; Murray Silverstein, MD; Geoffrey Falkson, MD; David T. Harris, MD; John Glick, MD

Herpes Simplex Virus Encephalitis
Sam U. Ho, MD; Donald H. Harter, MD

The Role of Radiation Therapy in Carcinoma of the Lung
Donald R. Eiser, MD; Tapan A. Hazra, MD

JAMA 75 YEARS AGO
Letters from physicians

“The comments are, I consider, appropriate and long overdue. Though my own undergraduate medical education ended some 20 years ago, the article brought to the surface a vivid recollection of the use of **humiliation** and intimidation to motivate learning.”

“I can still hear the laughs and the arrogant professor putting me down. I wonder if he remembers?”

“The graduating physician is in the same trap as the child who has been abused – emotionally constricted and abused, he brings little understanding to his practice . . . . Some years into his practice his constrictions begin to take their toll in burnout, dissatisfaction, alcoholism and suicide . . .”
Individual one hour interviews with 50 volunteer students from all 4 years

- 1 of 25 preclinical students had experienced abuse
- 25 of 25 clinical students had experienced abuse

“Certainly **verbal abuse** occurs, especially from residents and attendings . . . Three days after surgery, [the patient] developed back pain . . . [he] ruptured an aneurysm and died . . . The attending said to me, “Smith, a good medical student would have picked up on that.” It made me feel horrible . . . I was aware that the attending was trying to deal with his own feelings of guilt, too, though that didn’t make me feel a whole lot better. I still think about the incident . . . I don’t ever want to do that to anybody . . .”

Rosenberg DA, Silver HK. JAMA. 1984; 251: 739-741
16/18 denied existence of medical student abuse

“We here quite agree that the medical educational system is stressful but whether or not the clinical term “abusive” can be applied is questionable”

“There has never been any evidence of abuse [at our school]”

“I am unaware of any incidences in this medical school where students have been particularly sought after and abused solely because they are medical students.”

“Abuse carries connotations of physically hurtful and deliberate viciousness that certainly is not applicable to anyone I have encountered (or had reported) on our faculty or staff”

Rosenberg DA, Silver HK. JAMA. 1984; 251: 739-741
More Definitions

- **Humiliate**¹
  - to cause (a person) a painful loss of pride, self-respect, or dignity; mortify.

- **Verbal Abuse**²
  - is described as a negative defining statement told to the person or about the person or by withholding any response thus defining the target as non-existent. If the abuser doesn't immediately apologize and indulge in a defining statement, the relationship may be a verbally abusive one.

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¹. Dictionary.com

Medical Student Abuse
Incidence, Severity, and Significance

Henry K. Silver, MD, Anita Duhl Glicken, MSW

In a survey of the incidence, severity, and significance of medical student abuse as perceived by the student population of one major medical school, 46.4% of all respondents stated that they had been abused at some time while enrolled in medical school, with 80.6% of seniors reporting being abused by the senior year. More than two thirds (69.1%) of those abused reported that at least one of the episodes they experienced was of "major importance and very upsetting." Half (49.6%) of the students indicated that the most serious episode of abuse affected them adversely for a month or more; 16.2% said that it would "always affect them." Students identified various types of abuse and proposed a number of measures for the prevention and management of abuse in medical school. We conclude that medical student abuse was perceived by these students to be a significant cause of stress and should be a major concern of those involved with medical student education.

Study of Medical Student 'Abuse':
Expectations of Mistreatment
and Misconduct in Medical School

V. Sheehan, MD; Kim White, MD; Alan Leibowtiz, MD; DeWitt C. Baldwin, Jr., MD

A third-year medical school class was carried out to explore perceptions of mistreatment and professional misconduct in medical students. Students were asked to rate the frequency and perceived sources of mistreatment and misconduct among classmates, faculty, residents, and interns. They were also asked to assess the effects of such episodes on their physical health, emotional well-being, social and family life, and attitudes toward becoming a physician. The results indicate that students perceive mistreatment (particularly verbal abuse and unfair tactics) to be pervasive and professional misconduct all too common. As many as three fourths of the students report having become more cynical about academic life and the medical profession as a result of these episodes. Two thirds feel they are worse off than their peers in other professions. More than a third have considered dropping out of medical school and one fourth report they would have chosen a different profession had they known in advance about the extent of mistreatment they would experience. Rather than dismiss these problems as isolated events, we need to examine this issue more closely.

(JAMA. 1990;263:527-532)

(JAMA. 1990;263:533-537)
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A Pilot Study of Medical Student ‘Abuse’

Student Perceptions of Mistreatment and Misconduct in Medical School

K. Hamet Sheehan, PhD; David V. Sheehan, MD; Kim White, MD; Alan Lebowitz, MD; DeWitt C. Baldwin, Jr, MD

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(JAMA. 1990;263:533-537)
<table>
<thead>
<tr>
<th>Type of Mistreatment</th>
<th>Classmates</th>
<th>Preclinical Faculty</th>
<th>Clinical Faculty</th>
<th>Residents or interns</th>
<th>Nurses</th>
<th>Patients</th>
<th>At Least One Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yelled or shouted at you</td>
<td>29</td>
<td>21</td>
<td>61</td>
<td>60</td>
<td>55</td>
<td>51</td>
<td>85</td>
</tr>
<tr>
<td>Was inappropriately nasty, rude, or hostile to you</td>
<td>43</td>
<td>40</td>
<td>68</td>
<td>75</td>
<td>61</td>
<td>45</td>
<td>85</td>
</tr>
<tr>
<td>Belittled or humiliated you</td>
<td>37</td>
<td>27</td>
<td>64</td>
<td>77</td>
<td>32</td>
<td>8</td>
<td>84</td>
</tr>
<tr>
<td>Cursed or swore at you</td>
<td>23</td>
<td>11</td>
<td>45</td>
<td>55</td>
<td>21</td>
<td>37</td>
<td>73</td>
</tr>
<tr>
<td><strong>Physical abuse or threats</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threatened you with physical harm</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>Subjected you to physical harm</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Placed you at unnecessary medical risk</td>
<td>8</td>
<td>7</td>
<td>28</td>
<td>44</td>
<td>16</td>
<td>...</td>
<td>44</td>
</tr>
<tr>
<td><strong>Psychological mistreatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assigned you tasks as punishment</td>
<td>...</td>
<td>13</td>
<td>29</td>
<td>44</td>
<td>9</td>
<td>...</td>
<td>49</td>
</tr>
<tr>
<td>Threatened an unjustifiably bad grade</td>
<td>...</td>
<td>13</td>
<td>29</td>
<td>41</td>
<td>...</td>
<td>...</td>
<td>49</td>
</tr>
<tr>
<td>Took credit for your work</td>
<td>27</td>
<td>3</td>
<td>7</td>
<td>40</td>
<td>9</td>
<td>...</td>
<td>47</td>
</tr>
<tr>
<td>Threatened to fail you unfairly in class or clerkship</td>
<td>...</td>
<td>5</td>
<td>17</td>
<td>20</td>
<td>...</td>
<td>...</td>
<td>27</td>
</tr>
<tr>
<td>Took away privileges you would normally enjoy</td>
<td>...</td>
<td>5</td>
<td>13</td>
<td>19</td>
<td>5</td>
<td>...</td>
<td>24</td>
</tr>
<tr>
<td>Competed maliciously or unfairly with you</td>
<td>55</td>
<td>7</td>
<td>12</td>
<td>33</td>
<td>7</td>
<td>...</td>
<td>68</td>
</tr>
<tr>
<td>Put you at an unfair disadvantage by cheating on examinations or papers</td>
<td>57</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>57</td>
</tr>
<tr>
<td>Hostile to you after a significant academic or research accomplishment</td>
<td>24</td>
<td>7</td>
<td>7</td>
<td>19</td>
<td>3</td>
<td>...</td>
<td>31</td>
</tr>
<tr>
<td>Tried to turn a supervisor against you</td>
<td>19</td>
<td>7</td>
<td>5</td>
<td>21</td>
<td>12</td>
<td>...</td>
<td>29</td>
</tr>
<tr>
<td>Made negative remarks to you about becoming a physician or pursuing a career in medicine</td>
<td>36</td>
<td>35</td>
<td>48</td>
<td>53</td>
<td>40</td>
<td>13</td>
<td>67</td>
</tr>
</tbody>
</table>
Bill

- Team is on call one evening. The intern and resident are talking and decide it would be fun to get food from a Chinese restaurant within walking distance. They suggest to the student on the team that he should go and get food for the team and that they would buy him dinner.
Does asking Bill to go get food for the team qualify as mistreatment or abuse?

1. Yes
2. No
3. Not Sure

Team is on call one evening. The intern and resident are talking and decide it would be fun to get food from a Chinese restaurant within walking distance. They suggest to the student on the team that he should go and get food for the team and that they would buy him dinner.
During rounds the team asked Julie (the student) to call in a consult on her patient. She had been following the patient for 2 weeks. When Julie paged the other service for the consult the resident who responded was very rude and refused to talk to Julie saying she needed to talk to a doctor because the student was just wasting her time.
Was Julie mistreated/abused by the resident?

1. Yes
2. No
3. Not Sure

During rounds the team asked the student to call in a consult on her patient. She had been following the patient for 2 weeks. When the student paged the other service for the consult the resident who responded was very rude and refused to talk to the student saying she needed to talk to a doctor because the student was just wasting her time.
Susan

Susan is on her 3rd year clerkship and is meeting with her senior resident for feedback because he is rotating off of the rotation. She really enjoyed working with him. He says that she did a great job and he is going to recommend her for honors. He pauses and then goes on to say, “You know I really had a lot of fun working with you. How would you like go grab dinner or something some time.”

Susan replies, “Thanks, but you know I have a boyfriend.”

Her senior resident says, “Come on, it will be fun.” He goes on in a joking voice, “Who knows, maybe I need to reconsider your recommendation for honors.”
Was this mistreatment/abuse?

1. Yes
2. No
3. Abstain

Susan is on her 3rd year clerkship and is meeting with her senior resident who is rotating off of the rotation. She really enjoyed working with him. He says that she did a great job and he is going to recommend her for honors. He pauses and then goes on to say, “You know I really had a lot of fun working with you. How would you like go grab dinner or something some time.”

Susan replies, “Thanks, but you know I have a boyfriend.”

Her senior resident says, “Come on, it will be fun.” He goes on in a joking voice, “Who knows, maybe I need to reconsider your recommendation for honors.”
Comparison of mild, moderate and severe incidents of student mistreatment

Fried et al. Eradicating Medical Student Mistreatment: A Longitudinal Study of One Institution’s Efforts. Acad Med. 2012; 87:
## Types of abuse: Physical

<table>
<thead>
<tr>
<th>Description</th>
<th>Severity</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically mistreated causing pain or potential injury</td>
<td>Severe</td>
<td>Cardiology fellow slapped my hand when I was unable to answer an EKG question and said: “if teaching doesn’t help you learn, then pain will”</td>
</tr>
<tr>
<td>Pushed/slapped hand(“get out of the way” communication)</td>
<td>Moderate</td>
<td>Pushed out of way for multiple deliveries during ob-gyn</td>
</tr>
<tr>
<td>Exposed to other forms of physical mistreatment used to express frustration, make a point, or get attention</td>
<td>Moderate</td>
<td>I was walking (slowly apparently) in front of my intern. She was frustrated and pushed me forward with both of her hands on my shoulders, saying: “walk faster!”</td>
</tr>
<tr>
<td>Description</td>
<td>Severity</td>
<td>Example</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Accused</td>
<td>Severe</td>
<td>Chief resident accused me and another student of not coming to the rotation on the prior day since she had not seen us…. She flat out accused us of lying even after we told her exactly which faculty and residents we had been with the prior day … leaving me in tears.</td>
</tr>
<tr>
<td>Threatened/intimidated</td>
<td>Severe</td>
<td>A surgical resident threatened to kill me during a chest tube placement. However, he was quite friendly afterwards</td>
</tr>
<tr>
<td>Yelled at/snapped at</td>
<td>Moderate</td>
<td>Yelled at for paging fellow about time of rounds and about speaking up at journal club</td>
</tr>
<tr>
<td>Degraded/ridiculed/humiliated/insulted/sworn at/scolded/berated</td>
<td>Moderate</td>
<td>Many incidents of faculty and residents making derogatory comments regarding students in general, sometimes directed at me. Comments related to performance, knowledge, dress (i.e., how I look), etc. Unfortunately this is all to common</td>
</tr>
</tbody>
</table>
## Types of abuse: Sexual Harassment

<table>
<thead>
<tr>
<th>Description</th>
<th>Severity</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed to hostile environment, including inappropriate physical contact, gender discrimination, sexual jokes, inappropriate comments, innuendo, and inappropriate requests</td>
<td>Severe</td>
<td>Attending grabbed and attempted to kiss [me]. This was the reported incident. The other incidences consisted of being asked out and comments on how pretty and “distracting” to the other surgeons I was.</td>
</tr>
<tr>
<td>Asked out (quid pro quo)</td>
<td>Moderate</td>
<td>One attending that asked me to play tennis with him. When I made excuses, he pushed harder. When I reminded him that I was married and that I could not leave early to play tennis because I had work to do on the ward, he told my resident to give me the afternoon off.</td>
</tr>
<tr>
<td>Ignored because of gender</td>
<td>Mild</td>
<td>Most cases were just intentional neglect. On several rotations, I was paired with male medical students. Invariably, if there was a male attending over a certain age, I got ignored in favor of the male med student. I learned to live with it.</td>
</tr>
</tbody>
</table>
### Types of abuse: Ethnic

<table>
<thead>
<tr>
<th>Description</th>
<th>Severity</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed to racial or religious slurs/jokes</td>
<td>Severe</td>
<td>Upon hearing my last name, attending surgeon made “Chinese” noises.</td>
</tr>
<tr>
<td>Stereotyped</td>
<td>Moderate</td>
<td>Resident said that I’m just like all the other Asian families whose parents never love their kids and give unbelievable amounts of pressure to do well.</td>
</tr>
<tr>
<td>Neglected/ignored (because of student’s ethnicity)</td>
<td>Mild</td>
<td>I noticed the white males were addressed more and the other student I was paired with (white male) received many more opportunities to do ultrasounds; when I requested to do them, I was told that they were too busy…. I felt like they were trying to get rid of me … when I tried to do extra things or help, I was constantly overlooked or unwanted.</td>
</tr>
<tr>
<td>Description</td>
<td>Severity</td>
<td>Example</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dehumanized/demeaned/humiliated/pimped out</td>
<td>Severe</td>
<td>Made to feel stupid for my mistakes. Made to feel ill at ease during rotations. Sometimes made to feel like a slave. Mostly made to doubt my abilities.</td>
</tr>
<tr>
<td>Intimidated/threatened with evaluation or grade consequences</td>
<td>Severe</td>
<td>Two different residents made comments about if I left the OR to go to lecture or Doctoring, it would be reflected on my evaluation.</td>
</tr>
<tr>
<td>Asked to do inappropriate tasks/scut work</td>
<td>Moderate</td>
<td>Other team’s residents made me get them dinner. They paid for the meal but made me lose out on 3 hrs of patient care as I went thru menus with them. Then I delivered them all food individually because they wouldn’t come to me.</td>
</tr>
<tr>
<td>Forced to adhere to inappropriate scheduling</td>
<td>Moderate</td>
<td>Resident wanted us to take excessive calls, more than was expected, and in a very short time period…even when that was not part of the expectations of the clerkship.</td>
</tr>
<tr>
<td>Neglect/ignored</td>
<td>Mild</td>
<td>On medicine I had to consult surgery but the surgeon refused to speak to me because I was a medical student despite having the most complete knowledge about the patient as the new interns had just started that day.</td>
</tr>
</tbody>
</table>
What are the negative effects of perceived mistreatment?

Table 4.—Percent of Students Reporting Negative Effects Resulting From Mistreatment, Type and Source (N = 75)

<table>
<thead>
<tr>
<th></th>
<th>Classmates</th>
<th>Preclinical Faculty</th>
<th>Clinical Faculty</th>
<th>Residents or Interns</th>
<th>Nurses</th>
<th>Patients</th>
<th>At Least One Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional health</td>
<td>27</td>
<td>20</td>
<td>49</td>
<td>63</td>
<td>19</td>
<td>15</td>
<td>67</td>
</tr>
<tr>
<td>Social life and recreation</td>
<td>13</td>
<td>24</td>
<td>45</td>
<td>56</td>
<td>8</td>
<td>11</td>
<td>60</td>
</tr>
<tr>
<td>Work</td>
<td>23</td>
<td>20</td>
<td>41</td>
<td>52</td>
<td>24</td>
<td>11</td>
<td>56</td>
</tr>
<tr>
<td>Family life and home responsibilities</td>
<td>9</td>
<td>19</td>
<td>32</td>
<td>41</td>
<td>8</td>
<td>7</td>
<td>43</td>
</tr>
<tr>
<td>Physical health</td>
<td>5</td>
<td>13</td>
<td>31</td>
<td>37</td>
<td>8</td>
<td>9</td>
<td>40</td>
</tr>
<tr>
<td>Career in medicine*</td>
<td>12</td>
<td>19</td>
<td>29</td>
<td>33</td>
<td>8</td>
<td>7</td>
<td>37</td>
</tr>
</tbody>
</table>

*Caused you to consider dropping out of medical school.
Other negative effects of mistreatment

- Decrease students’ emotional well-being
- Negative attitudes
- Potentially eroding the values/professionalism
- Burnout
- Depression
- Decrease career satisfaction

Medical Student Abuse - My initial assumption

- If I don’t see it – it’s not happening
- If it is, it must be happening somewhere else
Is there a problem – right here in Minnesota?

- **47.1%** of reporting students experienced mistreatment or harassment at least one time during medical school across all medical schools

- **60.8%** of University of Minnesota medical students experienced mistreatment or harassment at least one time during medical school

– GQ 2012
Minnesota’s Experience

Publicly humiliated: 56%
Offensive sexist remarks: 23%
Denied opportunities based on gender: 88%
Lower eval/grade b/c of gender: 89%
Unwanted sexual advances: 91%
Racially/ethnically offensive remarks: 92%
Perform personal services: 93%

AAMC GQ 2012
How does Minnesota Compare?

- Publicly humiliated
- Offensive sexist remarks
- Denied opportunities based on gender
- Lower eval/grade b/c of gender
- Unwanted sexual advances
- Racially/ethnically offensive remarks
- Perform personal services

Minnesota vs National:

- Frequently
- Occasionally
- Once
- Never

<table>
<thead>
<tr>
<th>Category</th>
<th>Minnesota</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicly humiliated</td>
<td>16/23</td>
<td>17/19</td>
</tr>
<tr>
<td>Offensive sexist remarks</td>
<td>9/10</td>
<td>84/79</td>
</tr>
<tr>
<td>Denied opportunities</td>
<td>94/88</td>
<td>93/89</td>
</tr>
<tr>
<td>Based on gender</td>
<td>95/91</td>
<td>93/92</td>
</tr>
<tr>
<td>Lower eval/grade b/c of</td>
<td>91/93</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unwanted sexual advances</td>
<td>91/93</td>
<td></td>
</tr>
<tr>
<td>Racially/ethnically</td>
<td>93/92</td>
<td></td>
</tr>
<tr>
<td>Offensive remarks</td>
<td>91/93</td>
<td></td>
</tr>
<tr>
<td>Perform personal services</td>
<td>93/93</td>
<td></td>
</tr>
</tbody>
</table>
### Who’s doing it?

<table>
<thead>
<tr>
<th>Role</th>
<th>University of Minnesota (%)</th>
<th>All Medical Schools (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-clerkship faculty</td>
<td>2.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Clerkship faculty (classroom)</td>
<td>3.9</td>
<td>3.7</td>
</tr>
<tr>
<td>Clerkship faculty (clinical setting)</td>
<td>45.9</td>
<td>30.7</td>
</tr>
<tr>
<td>Resident/Intern</td>
<td>37.6</td>
<td>27.9</td>
</tr>
<tr>
<td>Nurse</td>
<td>17.1</td>
<td>11.4</td>
</tr>
<tr>
<td>Administrator</td>
<td>2.8</td>
<td>2.2</td>
</tr>
<tr>
<td>Other institution personnel</td>
<td>6.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Student</td>
<td>4.4</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Number of respondents</strong></td>
<td><strong>181</strong></td>
<td><strong>12,195</strong></td>
</tr>
</tbody>
</table>

*GQ 2012*
Something is causing almost 50% of our students to feel humiliated
Much of what students consider humiliation is the questioning that goes on during rounds.

- Is what is commonly referred to as “pimping” on rounds considered abuse?
Team is rounding and the 3rd year student (Steve) is presenting his new patient.

Steve: “Ms. Smith is a 53 yo female who has lupus and came in with rising creatinine.”

Attending, interrupting: “Okay, before you go on, what are the 11 cardinal findings in lupus?”

Steve blushes and looks uncomfortable: “Ummh, I’m sorry. I’m not really sure.”

Attending: “Come on, there are 11 of them, just name one.”
Steve - continued

Steve looking very uncomfortable says, “I’m sorry, I have never had a patient with Lupus before.”

Attending: “You went to med school, though, right. I told you the first day of the rotation that I expect you to read about your patients. If this was your mom and there was a student taking care of her would you expect him to read up a little. Okay, can anybody help Steve out here? What are the findings in Lupus.”
Was this mistreatment/abuse?

1. Yes
2. No
3. Not sure

Student looking very uncomfortable says, “I’m sorry, I have never had a patient with Lupus before.”

Attending: “You went to med school, though, right. I told you the first day of the rotation that I expect you to read about your patients. If this was your mom and there was a student taking care of her would you expect him to read up a little. Okay, can anybody help Steve out here? What are the findings in Lupus.”
A word about Pimping

- Clinical practice where persons in power ask questions of their junior colleagues
- The Lore - Brancati
  - 1889, Koch recorded a series of "Puempfrage" he would later use on his rounds in Heidelberg.
  - 1916, Abraham Flexner on his visit to Johns Hopkins:
    "Rounded with Osler today. Riddles house officers with questions. Like a Gatling gun. Welch says students call it 'pimping.' Delightful."
- The Truth?
  - The aim of pimping appears to be Socratic.
  - Is it a source of "Humiliation"?

To the Editor.—I hope that Dr Brancati’s commentary will not render attending rounds dull by discouraging all "pimping." He gives advice on how not to pimp. Medicine, like good pimping, should stick to the truth. What a bluff: In 1916 Osler was in Oxford and since it was World War I he was not once in the United States that year. Koch could not have asked a single Pümpfrage (much less a series) since there is no such word in German. And Harvey could not have expected his students to know much about circulation in 1628 in London, since De motu cordis was published only that very year (abroad, in Frankfurt am Main).

Claus A. Pierach, MD
Abbott Northwestern Hospital
Minneapolis, Minn
Pimping: Does it work

- Most students recall these sessions very well
- Makes sense from a pedagogical standpoint

Nillson. **Pedagogical strategies used in clinical medical education: an observational study.** BMC Medical Education 2010, 10:9

Van der Vleuten. **Exploring factors affecting undergraduate medical students’ study strategies in the clinical years: a qualitative study** Advances in Health Sciences Education. 2011;16: 553-567.
Pedagogical strategies used in clinical supervision

Teaching as making understanding possible

Questions and replies

Teaching as organizing students activity

Teaching as telling or transmission

Nillson. Pedagogical strategies used in clinical medical education: an observational study. BMC Medical Education 2010, 10:9
Pimping: Does it work

- Most students recall these sessions very well
- Makes sense from a pedagogical standpoint

Nillson. Pedagogical strategies used in clinical medical education: an observational study. BMC Medical Education 2010, 10:9

Bad pimping

- Arcane points of history
- Teleology and metaphysics
- Exceedingly broad questions
- Eponyms
- Technical points of laboratory research

Brancati FL. The art of pimping. JAMA. 1989;262(1):89-90
Reflections from students

You have to kick people’s butt once in awhile. Embarrassment is good I think, a little bit, because embarrassment kind of motivates people. When I was embarrassed [during pimping], the times I was the most embarrassed in front of my group of residents and med students were the times I went back and read the hardest. I can still remember those 5 or 10 times, and I’m not traumatized by them. It’s probably some of the times that shaped me most in med school.

A lot of times you would have known the answer if it’d been one-on-one or if you’d been taking a test, but the fact that the whole group is there and he’s asking you the question and everyone’s listening and everyone’s watching, it’s like you really can’t think straight or think as well.

Students plan to pimp

- When performed for teaching promotes
  - learning
  - logical thinking
  - defending one’s decisions
  - quick recall
  - self-assessment
  - communicating well
- Will be “sensitive” and “nonthreatening”
- Try to make “noncompetitive”
- Not “drill students unnecessarily”
- “Friendly” approach remembering each student is different

Wear et al. Pimping: Perspectives of 4th Year Medical Students, Teaching and Learning in Medicine, 17(2), 184–191
Pimping Thoughts

- Respect educational order.
- Avoid calling on the senior.
- Bring everyone into the conversation.
- If embarrass a student → apologize.
- Provide praise.
- Volunteer vs selecting?
- Make it non-threatening/fun.
- Tailor to the learner.
  - Think “on your feet”
  - Shy vs outgoing.
- Setting Expectations.

Malignant

- “clearly inappropriate for students’ level”
- Meant to “trip students up”
- Humiliate/make feel stupid
- Read my mind
- “ego thing” to show how little someone knows

Benign

- One-on-one with no one watching
- Addressed to whole group
- Bedside
- Clearly to assess/teach

Wear et al. Pimping: Perspectives of 4th Year Medical Students, Teaching and Learning in Medicine, 17(2), 184–191
Pimping:
Advice for students from students

- Small group learning
- Often first time knowledge (or lack thereof) placed on public display
- Don’t embarrass your peers or residents
- Knowing your patients and their diseases well is a way to avoid embarrassment and humiliation.

Wear et al. Pimping: Perspectives of 4th Year Medical Students, Teaching and Learning in Medicine, 17(2), 184–191
Is pimping mistreatment?

- It depends
Medical Student Abuse - My initial assumption

- If I don’t see it – it’s not happening
- If it is, it must be happening somewhere else
Four factors that contribute to culture of mistreatment

- The Perpetrator
- The Organization
  - Climate
  - Heirarchy
- Nature of the work
- The Victim

- See one, do one, teach one?
How does one bring this problem out into the open when it involves parents and foster parents who appear to be decent, intelligent people and give no apparent evidence to others of being abusive?

ON A BRIGHT morning in late August in the early 1980s, a senior member of a medical school faculty attended an orientation session being held for incoming freshmen medical students. It made him feel good when he looked around the large lecture hall and saw the eager, alert, enthusiastic, and excited men and women from various walks of life and a variety of educational backgrounds. When the dean of the medical school spoke to the new freshmen students and indicated that they would have to work harder than they ever had before, the Faculty Member could almost sense them saying, “That’s OK! Let us at it. Medical school will be an exciting and rewarding experience and we’re ready. We’ve been waiting for this for years.” And when the dean talked about the obligations of medicine, what becoming a physician entailed, and some of the difficult problems with which they would have to deal, their expressions became more serious, but their faces continued to glow with anticipation and the realization that they were finally going to reach one of the main ambitions of their lives—to be able to begin the intense preparation necessary to be physicians.

As the Faculty Member sat looking at the students, he was saddened when he thought of the gradual transforma-

dected, depressed, frightened, and frustrated placed in foster homes for a period of a few weeks would be concerned that something terrible had happened to them. I would feel morally and legally bound to tell the foster parents to the appropriate authorities that the foster parents might have been guilty of having caused these changes in the children.”

He knew that parents and foster parents sometimes abused children and he wondered whether some (or perhaps many) medical students were also abused after they entered medical school, which in many ways served as a foster home for the students for several years. He asked himself, “Is it possible that medical school is a place where medical students are actually abused? If it is so, how should this possibility be dealt with? Should it be brought to the attention of the faculty? How would they respond? Would they deny the possibility of abuse? Would they downplay the changes in the students by attributing them to a variety of other causes? Would some members of the faculty declare that it had always been this way, that it was inevitable and right for medical students to feel as they did, and that there was no reason to try to change it? Would others say that, ‘Everyone needs to have
Reasons to eliminate mistreatment

- Learning environment
- Linked to burnout
- Inconsistent with our values/professionalism
- Patient safety\(^1\)
  - without open communication, patient safety is compromised

\(^1\)Hedy Cohen, vice president Institute for Safe Medication Practices
How to eliminate

- Raise awareness
  - Try to avoid unintentionally humiliating a student
- Decrease tolerance
- Changing the culture that thinks it is okay/excusable
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.