Medical Student Mistreatment Results in Symptoms of Posttraumatic Stress

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Objective: The authors assessed medical student attitudes regarding mistreatment and symptoms of posttraumatic stress in those students who reported exposure to mistreatment.

Methods: Third- and fourth-year medical students (N = 71) responded to questions from a vignette in which a student is mistreated and then described any mistreatment they had witnessed or experienced. They also discussed related symptoms of posttraumatic stress subsequent to the mistreatment. The revised Impact of Event Scale was the primary outcome measure.

Results: Ninety percent of respondents reported sympathy for the student in the vignette and supported her discussing the incident with peers, the resident, and administration. Seventy-three percent reported witnessing or experiencing mistreatment, suggesting symptoms of posttraumatic stress, with no differences in scores across the intended field of study, age, or gender.

Conclusion: In a supportive environment, medical students will discuss their experiences of mistreatment. Symptoms of posttraumatic stress can occur from mistreatment.


The Association of American Medical Colleges (AAMC) surveys graduating medical students each year (1) and consistently reports student mistreatment rates of about 15%. The AAMC questions fall into four categories: general mistreatment, sexual mistreatment, racial/ethnic mistreatment, and mistreatment based on sexual orientation. Only 30% of these students report mistreatment to authorities during medical school, citing several reasons, such as, “it did not seem important enough” (50%), “I did not know what to do” (25%), and “fear of reprisal” (50%). Students also report feeling guilty and confused, preferring to “handle it themselves” (2–4).

More in-depth studies have found higher rates; for example, in a study of 2,884 medical students from 16 medical schools (5), 42% of seniors reported harassment and 84% reported belittlement during medical school. In a sample of senior medical students from 14 U.S. medical schools (6), 92% of female students and 83% of male students experienced, observed, or heard about at least one incident of gender discrimination and sexual harassment during medical school. Medical student mistreatment is ubiquitous and is reported in the United Kingdom (7) and in Finland (8).

Gender and ethnicity have been reported to be both significant (9) and nonsignificant (5) in experiencing mistreatment. Students who have decided on a specific field of study are noted to be subjected more to mistreatment during other clerkships (10). Medical students report changing specialty based on experiences of “abuse and humiliation” during training (11). Gender discrimination and sexual harassment influence female students more than male students in their specialty choices (45.3% versus 16.4%) and residency rankings (25.3% versus 10.9%) (12). Female medical students notice more abusive and discriminatory behavior than male medical students (13). In a sample of women who were interviewed during residency from 116 different medical schools, 96% could identify one instance of sexual harassment of the hostile
environment and who were appointed to facilitate discussion of mistreatment or harassment. Several examples of previous reports by students and resulting solutions were given, without any student or faculty identifiers.

The decision to assess the students’ attitudes more formally occurred as several themes emerged from the discussions. Gender, ethnicity, and having chosen a future specialty appeared to be pertinent in the voicing of complaints. We also wondered if those students who had experienced mistreatment responded more forcefully to the discussion of the vignette. No attempt was made to screen the students for premorbid pathology because recent scholars have considered mistreatment as significantly more likely to contribute to poor mental health, rather than vice versa (5).

This survey had no funding, there were no incentive payments to students, and it was exempt from institutional review board approval. Confidentiality was maintained because no student identifiers were used.

After the introduction, the students were asked to take 10 minutes to complete the questionnaire, which was divided into two parts. Part 1 asked students to identify their age, gender, ethnicity, education track, and intended field of study and then to read a vignette and answer questions based on it. The vignette was chosen from the AAMC’s booklet “Appropriate Treatment in Medicine” (20), specifically because it was ambiguous and provoked more discussion among the students than the other AAMC vignettes (see Appendix 1). Students were asked about the possible actions of the person in the vignette (e.g., “What would you suggest Mary do?”). They were also asked about their general impressions of medical school (e.g., “The level of professionalism in medicine has met my expectations”). The students rated their responses on a 5-point Likert scale (1=strongly agree; 5=strongly disagree). Part 2 assessed experiences of mistreatment only

**Methods**

During the 2004–2005 academic year, third- and fourth-year medical students met during two clinical clerkships in an informal lunch setting with an independent faculty member to discuss their clerkship experiences. The primary goals of the meeting were to raise awareness of the importance of a healthy learning environment and to educate students about what constitutes mistreatment and sexual harassment. A secondary goal was to try to identify and solve problems in real time, thus improving the learning environment. It was explained to the students that the faculty members leading the meeting had no role in evaluating them and that their comments and questions were confidential and could appear in aggregate form in a report to the dean’s office at the end of the year. They were offered the opportunity for further private consultation and given e-mail addresses and telephone numbers of independent faculty members who could work with them confidentially on any issue related to mistreatment or harassment and who were appointed to facilitate discussion of

**APPENDIX 1. Vignette**

Mary, a fourth-year student rotating through pediatrics, was assigned to present a patient for morning report. She did not admit the patient herself and was told about the task 10 minutes before rounds began. She walked into the pediatric library to find that the chairman was sitting in for rounds that day. Mary presented the case from the limited information provided by the resident’s history and physical. The chairman asked her questions that escalated from historical questions to more probing questions to which she clearly did not know the answer. He continued to push her until she began to cry. After rounds, the chairman apologized, stating, “In medicine we learn by feeling stupid sometimes. That’s the way it is.”