



# Identifying Medical Student Mistreatment in the Obstetrics and Gynecology Clerkship

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**OBJECTIVE:** To characterize the mistreatment identified within the University of Michigan's Obstetrics and Gynecology (Ob/Gyn) clerkship and compare the rates of mistreatment to that of other clerkships in an effort to improve the learning environment.

**DESIGN:** This is a retrospective cohort study looking at multiple sources of data from 2015 to 2018 about student mistreatment including end-of-rotation and teaching evaluations completed by students, as well as an online reporting system available to medical students. For evaluations, students were asked to rate their agreement with statements on a 5-point Likert scale (1 = strongly disagree, to 5 = strongly agree). Narrative comments were also solicited and evaluated.

**SETTING:** University of Michigan Medical School and Michigan Medicine Ob/Gyn Department, Ann Arbor, Michigan.

**PARTICIPANTS:** A total of 513 students rotated through the Ob/Gyn clerkship between 2015 and 2018 and were asked to complete evaluations.

**RESULTS:** Five hundred and five of the 513 students completed evaluations between 2015 and 2018. In response to the statement, "Students are treated in a professional/respectful manner in this clerkship," the Ob/Gyn clerkship's mean scores on a 5-point scale were 4.45 (in 2015-2016), 4.52 (in 2016-2017), and 4.27 (in 2017-2018). These means, as well as the means to 3 other professionalism questions, were lower than the range of 4.42 to 4.84

for all other third-year clerkships over this time. The mean scores were also lower for Ob/gyn when compared to the Surgery clerkship. A total of 32 narrative comments were submitted by students between 2015 and 2017 related to mistreatment or unprofessional behavior. Frequent themes included students being treated as "stupid" or discouraged from asking questions (8 comments), being treated in an unprofessional manner by staff (7 comments), feeling ignored or marginalized by faculty (4 comments), and faculty unprofessional behavior toward others (4 comments).

**CONCLUSIONS:** Students on the Ob/Gyn clerkship reported a higher rate of mistreatment compared to other clerkships. Efforts are being made by the Ob/Gyn department to communicate these data on mistreatment to educators in order to improve the Ob/Gyn culture and learning environment for medical students. (J Surg Ed 76:1516–1525. © 2019 Published by Elsevier Inc. on behalf of Association of Program Directors in Surgery.)

**KEY WORDS:** mistreatment, learning environment, unprofessionalism, medical education

**COMPETENCIES:** Professionalism, Interpersonal and Communication Skills, Systems-Based Practice

## INTRODUCTION

Mistreatment of medical students on clinical clerkships has been a common occurrence for many years. The learning environment and mistreatment have more recently become important focuses of the Association of American Medical Colleges (AAMC) and Liaison Committee for Medical Education. The AAMC Medical School Graduation Questionnaire (GQ) began including few questions about mistreatment in 1991,<sup>1</sup> and has recently

Funding and Financial Support: The University of Michigan receives funding from the Accelerating Change in Medicine Education grant from the American Medical Association.

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expanded its scope on this topic. The GQ defines mistreatment as “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.” In the AAMC GQ from 2013 to 2017, 38% to 40% of medical students answered “yes” to experiencing any mistreatment (except public embarrassment).<sup>2</sup>

In recent years, medical schools have been implementing measures to address mistreatment and have utilized interventions like reporting systems and anonymous student surveys.<sup>3,4</sup> Though the AAMC GQ does not specifically ask about mistreatment and the learning environment on each clerkship, the Liaison Committee for Medical Education expects that, in order to maintain accreditation, medical schools will focus on professionalism, the learning environment, and preventing mistreatment.<sup>5</sup> At many institutions, the Obstetrics and Gynecology (Ob/Gyn) and Surgery clerkships often have the highest rates of mistreatment and negative learning environments.<sup>6</sup>

Though there has been a great deal of research about the Surgery clerkship learning environment, the field of Ob/Gyn has just begun to study mistreatment and explore methods to combat a negative learning environment.<sup>8,9</sup> Therefore, we aimed to analyze 3 years of Ob/Gyn clerkship data at our institution from student evaluations in order to identify areas in which the learning environment can be improved. We also sought to describe the ways in which the Ob/Gyn department at our institution has addressed mistreatment and how this can be improved upon in the future.

Based on available literature citing surgical clerkships as having a higher prevalence of mistreatment,<sup>8,9</sup> we hypothesized that the surgically focused clinical rotations at our institution, specifically the Ob/Gyn clerkship and Surgery clerkships, have higher rates of perceived mistreatment compared to 2 primary care clerkships (Internal Medicine and Family Medicine).<sup>8,9</sup> It was hypothesized that lower mean scores would be observed on the professionalism questions on the end-of-survey rotation evaluations for Ob/Gyn and Surgery. We also hypothesized that lower mean scores would be observed on the professionalism questions on the end-of-survey rotation evaluations for Ob/Gyn versus all other clerkships.

## METHODS

This was a retrospective cohort study analyzing data from 2015 to 2018 about student mistreatment. STROBE guidelines were followed when designing the study and writing the manuscript.<sup>7</sup> Efforts were made to minimize bias in

the study design, data collection, analysis, and manuscript writing by maintaining anonymity in all results. At our institution, approximately 170 students per academic year complete their Ob/Gyn clerkship at the University of Michigan. Students spend 4.5 weeks on the Ob/Gyn clerkship. They spend half of their time on labor and delivery, and the other half on a surgical service. They also have one half day per week at an outpatient clinic with 1 Ob/Gyn provider. Eighty percent of the students complete their clerkship at the University of Michigan’s clinical sites, and the other 20% complete their clerkship at a nearby community hospital. Both clinical sites share the same policies, procedures, learning objectives, and evaluation formats. Differences between the 2 hospital Ob/Gyn experiences can therefore be attributed to individual faculty, residents, and staff.

A University of Michigan medical student can report mistreatment on clerkships by 4 different means. First, there are 3 questions related to the learning environment on end-of-rotation evaluations. On these evaluations, students are provided with statements (see [Table 1](#)) and asked to rate their agreement with each statement on a 4-point scale (1 = strongly disagree, to 4 = strongly agree). There is also a question about quality of faculty teaching, which students rank on a 5-point scale (1 = poor, 5 = excellent). Second, there is 1 question about unprofessional behavior on individual faculty and resident teaching evaluations completed by medical students. The student is provided with a statement and asked to rate their agreement with the statement on a 5-point scale (1 = strongly disagree, to 5 = strongly agree). The narrative comments provided in response to this question for each faculty and resident are reviewed by a member of the Medical School Evaluation Team, and any comments suggesting unprofessional behavior toward students are compiled and relayed to departmental and clerkship leadership. Third, students can submit formal reports to an online reporting system that is read by an “honest broker” who is an experienced physician administrator within the medical school. Reports requiring further investigation are then sent directly to the Senior Associate Dean. Students can submit formal mistreatment reports as identified or anonymous and can choose whether a report is immediately reviewed or embargoed until a later date. Finally, a student can provide in-person feedback about mistreatment to the clerkship director.

The data from the evaluations are relayed to departments during semiannual meetings between clerkship leadership and the medical school assistant deans. During these meetings, clerkship evaluations and reports are reviewed, and plans are put forth to address student concerns, including those related to the learning environment and mistreatment. Additionally, the associate dean’s office provides an annual report to the chairs of each department, which includes data pertaining to

**TABLE 1.** Student Responses to Demographic Information

<b>Gender (%)</b>											
	<b>Female</b>	<b>Male</b>	<b>N</b>								
2015-16	49.5	50.5	186								
2016-17	52.1	47.9	190								
2017-18	55.4	44.6	202								
<b>Race (%)</b>											
	<b>Asian or Pacific Islander</b>	<b>Black</b>	<b>Chinese</b>	<b>Hispanic - Puerto Rican (Commonwealth)</b>	<b>Hispanic - Puerto Rican (Mainland)</b>	<b>Hispanic/ Other Including Cuban</b>	<b>Indian or Pakistani</b>	<b>Korean</b>	<b>White</b>	<b>No Response</b>	<b>Total N</b>
2015-16	14.5	4.8	2.2	0.5	-	10.2	2.7		54.3	10.8	186
2016-17	17.4	6.3	0.5	-	-	5.8	2.1	0.5	56.3	11.1	190
2017-18	20.3	5	2	-	0.5	7.4	1.5	1.5	53	8.9	202
<b>Age at time of survey</b>											
	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>		<b>N</b>					
2015-16	23	38	26.5	2.7		186					
2016-17	23	36	26.4	2.7		190					
2017-18	22	38	26.1	2.9		202					

mistreatment and the learning environment. There is an expectation that each department will respond to the annual report with an action plan to improve the learning environment. The Medical School's process for addressing mistreatment has been reviewed by the Institutional Review Board as "not regulated" status as quality improvement [HUM00073623].

For the purpose of our study, we focused on the end-of-rotation and individual faculty and resident teaching evaluations submitted by medical students. The third mechanism of reporting, formal reporting, is rarely used (less than 10 times a year for all 4 years of students). The fourth mechanism of reporting is indeed being utilized by students, but was not the focus of our study. Three years (2015-2018) of survey responses related to the learning environment were extracted from end-of-rotation evaluations completed by medical students. For each clerkship, mean values for each survey question analyzed were calculated. In addition, 2 years of narrative comments about unprofessional behavior were extracted from end-of-rotation and teaching evaluations and analyzed.

The methods for this narrative comment analysis have been described by House et al.<sup>10</sup> Briefly, a member of our research team read each narrative comment and created a content coding scheme. This coding scheme was then used to code comments for content analysis. Themes were identified based on the source of the mistreatment (faculty, residents, or other staff), the target of the behavior (students or other individuals), and character of the mistreatment. For the purpose of content analysis, cases where more than 1 student submitted comments on the same faculty member were considered to be unique comments. The coded comments were also reviewed by 2 other members of our research team, and no discrepancies were identified.

In order to test our hypothesis that lower mean scores would be observed on professionalism questions on the end-of-survey rotation evaluations for Ob/Gyn and Surgery versus 2 primary care clerkships, 3 years of survey data for Ob/Gyn and Surgery were combined for each survey question, as were the 3 years of survey data for the 2 primary care clerkships. For each survey question, the resulting datasets for Ob/Gyn-Surgery and Primary Care Clerkships were then compared using a nonparametric Mann-Whitney *U* test in SPSS (Version 24). A  $p \leq 0.05$  was used to determine statistical significance. The same analysis was then performed comparing only the Ob/Gyn clerkship to the Surgery clerkship.

To study whether the Ob/gyn clerkship specifically had high rates of perceived mistreatment, it was compared alone to all the other third year required clerkships (surgery, pediatrics, psychiatry, family medicine, internal medicine, and neurology). Three years of survey

data for Ob/Gyn versus all other clerkships were gathered in order to test the hypothesis that lower mean scores would be observed on the professionalism questions on the end-of-survey rotation evaluations for Ob/Gyn. For each survey question, the resulting datasets for Ob/Gyn and all other third-year clerkships were compared using a nonparametric Mann-Whitney *U* test in SPSS (Version 24). A  $p \leq 0.05$  was again used to determine statistical significance.

## RESULTS

**Table 1** describes the demographic data of 578 students completing clerkship evaluations at University of Michigan Medical School between 2015 and 2018. A total of 513 students rotated through the Ob/Gyn clerkship between 2015 and 2018 and were asked to complete evaluations (173 in 2015-2016, 171 in 2016-2017, 171 in 2017-2018) and 505 of those students completed them (171 in 2015-2016, 169 in 2016-2017, 165 in 2017-2018).

**Table 2** summarizes the 2015 to 2018 merged dataset comparisons between the Ob/Gyn and Surgery clerkships versus 2 solely primary care clerkships (Internal Medicine and Family Medicine). Overall, the mean scores were lower for each professionalism question in Ob/Gyn and Surgery compared to the primary care clerkships. Based on a non-normal distribution of the survey data across 2015 to 2018, Mann-Whitney *U* tests were used to evaluate the statistical significance of these results. All comparisons were found to be statistically significant ( $p < 0.001$  in all cases). However, these differences were comparably small, with mean differences for each question ranging from 0.11 to 0.37.

**Table 3** compares the merged 2015 to 2018 learning environment data between the Ob/gyn and Surgery clerkships. The purpose of this comparison was to specifically evaluate whether students felt that professionalism was lower for surgical clerkships in general, or whether there was specificity to a particular clerkship. The Ob/gyn clerkship's mean scores were lower than those of the Surgery clerkship for 4 out of the 5 listed questions. The same statistical significance ( $p < 0.001$ ) of the above results was established. Again, the mean differences were small (ranging between 0.04 and 0.15), but it is nonetheless a notable finding.

**Table 4** summarizes end-of-rotation evaluation mistreatment data from 2015 to 16, 2016 to 17, and 2017 to 18 for the Ob/Gyn clerkship and all other third-year clerkships, including Mann-Whitney *U* tests. For each survey question related to professional behavior (questions 1-4), the mean score for Ob/Gyn was either the lowest or nearly the lowest for each question. In addition, Ob/Gyn faculty received the lowest average scores for teaching quality compared to other clerkships from

**TABLE 2.** Comparison of Learning Environment Survey Data (2015-2018) from OBGYN/Surgery Versus 2 Primary Care Clerkships

			<b>Students Are Treated in a Professional/ Respectful Manner by Faculty</b>	<b>Students are Treated in a Professional/ Respectful Manner by House Officers</b>	<b>Students are Treated in a Professional/ Respectful Manner by Other Health Care Providers</b>	<b>Overall, I was Treated in a Professional/ Respectful Manner in this Clerkship</b>	<b>Overall Quality of Faculty Teaching</b>
Two Primary Care Clerkships	N	Valid	905	726	898	902	892
		Missing	5	184	12	8	18
	Mean		3.70	3.70	3.65	4.69	4.34
	Median		4.00	4.00	4.00	5.00	4.00
	Mode		4	4	4	5	5
Ob/Gyn/Surgery	Std. Deviation		0.52	0.51	0.51	0.56	0.76
	N	Valid	1169	1165	1160	1168	1166
		Missing	10	14	19	11	13
	Mean		3.56	3.58	3.54	4.46	3.97
	Median		4.00	4.00	4.00	5.00	4.00
	Mode		4	4	4	5	4
	Std. Deviation		0.55	0.57	0.57	0.67	0.98

**TABLE 3.** Comparison of Learning Environment Survey Data (2015-2018) from OBGYN Versus Surgery

			<b>Students are Treated in a Professional/ Respectful Manner by Faculty</b>	<b>Students are Treated in a Professional/ Respectful Manner by House Officers</b>	<b>Students are Treated in a Professional/ Respectful Manner by Other Health Care Providers</b>	<b>Overall, I was treated in a professional/ respectful manner in this clerkship</b>	<b>Overall Quality of Faculty Teaching</b>
OBGYN	N	Valid	509	504	505	508	506
		Missing	3	8	7	4	6
	Mean		3.54	3.53	3.54	4.42	3.88
	Median		4.00	4.00	4.00	5.00	4.00
	Mode		4	4	4	5	4
SURGERY	Std. Deviation		0.55	0.60	0.56	0.73	0.98
	N	Valid	660	661	655	660	660
		Missing	7	6	12	7	7
	Mean		3.58	3.61	3.54	4.49	4.03
	Median		4.00	4.00	4.00	5.00	4.00
	Mode		4	4	4	5	5
	Std. Deviation		0.54	0.55	0.57	0.62	0.97

**TABLE 4.** Student Evaluation of Clerkships, Ob/Gyn Versus All Other Third-Year Clerkships

Item	2015-16							
	OBGYN			All Other Clerkships			Mann-Whitney U Test	
	Mean	SD	N	Mean	SD	N	Mean Diff.	Sig.*
Students are treated in a professional/respectful manner by faculty. (4pt) <sup>†</sup>	3.55	0.56	170	3.66	0.56	930	-0.11	0.003
Students are treated in a professional/respectful manner by House Officers. (4pt) <sup>†</sup>	3.49	0.62	170	3.67	0.55	914	-0.17	0.000
Students are treated in a professional/respectful manner by other Health Care Providers. (4pt) <sup>†</sup>	3.59	0.56	169	3.63	0.54	926	-0.04	0.327
Overall, I was treated in a professional/respectful manner in this clerkship. (5pt) <sup>‡</sup>	4.45	0.66	170	4.59	0.66	930	-0.13	0.002
Overall quality of faculty teaching. (5pt) <sup>§</sup>	3.94	0.92	169	4.24	0.89	921	-0.30	0.000
Item	2016-17							
	OBGYN			All Other Clerkships			Mann-Whitney U Test	
	Mean	SD	N	Mean	SD	N	Mean Diff.	Sig.*
Students are treated in a professional/respectful manner by faculty. (4pt) <sup>†</sup>	3.61	0.50	169	3.71	0.49	1088	-0.10	0.005
Students are treated in a professional/respectful manner by House Officers. (4pt) <sup>†</sup>	3.62	0.53	166	3.71	0.50	933	-0.09	0.028
Students are treated in a professional/respectful manner by other Health Care Providers. (4pt) <sup>†</sup>	3.54	0.53	167	3.66	0.50	1083	-0.12	0.004
Overall, I was treated in a professional/respectful manner in this clerkship. (5pt) <sup>‡</sup>	4.52	0.66	168	4.67	0.54	1083	-0.15	0.003
Overall quality of faculty teaching. (5pt) <sup>§</sup>	3.87	0.98	168	4.26	0.81	1079	-0.39	0.000
Item	2017-18							
	OBGYN			All Other Clerkships			Mann-Whitney U Test	
	Mean	SD	N	Mean	SD	N	Mean Diff.	Sig.*
Students are treated in a professional/respectful manner by faculty. (4pt) <sup>†</sup>	3.48	0.60	170	3.63	0.52	934	-0.16	0.001
Students are treated in a professional/respectful manner by House Officers. (4pt) <sup>†</sup>	3.48	0.63	168	3.63	0.55	923	-0.15	0.003
Students are treated in a professional/respectful manner by other Health Care Providers. (4pt) <sup>†</sup>	3.50	0.59	169	3.59	0.55	928	-0.10	0.042
Overall, I was treated in a professional/respectful manner in this clerkship. (5pt) <sup>‡</sup>	4.27	0.83	170	4.58	0.60	932	-0.31	0.000
Overall quality of faculty teaching. (5pt) <sup>§</sup>	3.84	1.04	169	4.11	0.87	927	-0.27	0.002

\*When  $p < 0.05$ , differences may be considered statistically significant.<sup>†</sup>Mean of 4-point scale from strongly disagree to strongly agree.<sup>‡</sup>Mean of 5-point scale from strongly disagree to strongly agree.<sup>§</sup>Mean of 5-point scale from poor to excellent.

2015 to early 2017, and only slightly higher for the 2017 to 2018 clerkship year. After visual inspection of the evaluation survey results for each question, the distribution was found to be non-normal. Therefore, in order to evaluate statistical significance of the comparisons, a nonparametric test was used, specifically the Mann-Whitney *U* test. Overall, the mean scores were lower for each professionalism question in Ob/Gyn compared to all other third-year clerkships. All comparisons were found to be statistically significant ( $p < 0.05$ ) except for one (where  $p = 0.327$  in 1 question from 2015 to 2016).

A total of 32 narrative comments were submitted by students related to mistreatment or unprofessional behavior in the Ob/Gyn clerkship, with 20 comments submitted in 2015 to 16 and 12 comments submitted in 2016 to 2017. The 2017 to 2018 comments were not yet available at the time of our study. These comments were split into broad theme categories, with 8 total theme categories being identified. Table 5 summarizes the results from these narrative comments, with representative quotes provided for each theme. The most frequently observed themes were students treated as stupid or discouraged from asking questions (8 comments), students being treated in an unprofessional manner by staff (other than faculty, 7 comments), students feeling ignored or marginalized by faculty (4 comments), and faculty unprofessional behavior toward others (patients or staff, 4 comments). Table 6 summarizes the specificity of these narrative comments. Overall, 14 comments were nonspecific and referred to more than 1 person; 13 comments referred to a single individual, but no name was provided for this individual; 5 comments referred to a specific, named individual, with 4 of these comments associated with a faculty member and 1 associated with a staff member.

## DISCUSSION

Students at our institution are rating the level of respect and professionalism lower on their Ob/Gyn clerkship than other clerkships. Even though the surgically oriented clerkships, Ob/Gyn, and General Surgery, together had higher rates of perceived mistreatment, the Ob/Gyn clerkship seemed to have higher rates even on its own. To address the continued mistreatment seen on the 2015 national GQ, the University of Michigan Medical School aimed to place a focus on the issue of mistreatment and bettering the learning environment.<sup>11</sup> A model to combat mistreatment was created in 2015 by the Medical School, and the Ob/Gyn department began using this model that same year, and has been employing it through the 2018 clerkship year. The model is as follows: First, any report of unprofessionalism is read by the Medical School Evaluation

Team. If a student identifies a specific individual that is acting in an unprofessional manner, the Ob/Gyn clerkship director is notified and investigates the situation. If a student reports a general comment of unprofessionalism/mistreatment, these are addressed at departmental meetings 4 times per year, at the annual clerkship review, and in the chair report.

Based on the decreased quantity of narrative comments on unprofessionalism and mistreatment submitted from the 2015-2016 to the 2016-2017 year, it is possible that the new model may be helping to improve the learning environment within the clerkship. However, based on the quantitative results and comparisons of Ob/Gyn versus all other clerkships, as well as the content of the narrative comments, these interventions are not sufficient in creating a positive learning environment on the Ob/Gyn clerkship, despite the fact that general feedback to all providers and specific feedback (when the provider is identified) is given regularly when mistreatment instances are reported.

Therefore, the Ob/Gyn department at our institution is now taking additional steps to improve the culture of Ob/Gyn and create a positive learning environment on the clerkship. For example, it is important for the department to emphasize the ways in which setting aside teaching time creates a positive learning environment. In the 2017 GQ, Ob/Gyn had the highest percentage of respondents “strongly disagree” that faculty/residents provided effective teaching during clerkship.<sup>2</sup> Similarly, based on our results, it seems that Ob/Gyn faculty, whether it be 1 or many, have not been “effectively teaching” students compared to faculty on other clerkships. This could be a result of the fast-paced atmosphere on Labor and Delivery, which inherently requires a great deal of time and energy from faculty. However, this has not been explicitly asked on the GQ or on our medical school’s feedback forms.

Based on students’ narrative comments, their experiences on the clerkship are being shaped by instances of “passive” mistreatment. Examples of this type of mistreatment could be ignoring students, not including them in patient care, and not taking opportunities to teach. This type of mistreatment is not even described on the AAMC’s GQ,<sup>2</sup> and therefore probably does not accurately capture the ways in which students are reporting mistreatment. Brandford et al. (2017) gathered the student perspective on defining mistreatment from third-year medical students on clerkships. They defined mistreatment as obstruction of learning, exclusion from the team, and exploitation of student vulnerability.<sup>8</sup> This study brings to light the importance of defining mistreatment and creating a common language between medical students, faculty, residents, and other healthcare professionals in order to foster a positive learning environment.

**TABLE 5.** Summary of Content of Student Comments

Theme	Number of Comments (% of Total*)	Representative Quotes
Students treated as stupid or discouraged from asking questions	8 (25.0%)	"Dr. X made me feel like I couldn't ask questions in the OR. She treated me like I didn't know what I was doing and that I was going to contaminate the field at every turn- even though I had already had surgery prior to by Ob/Gyn rotation. She dismissed my questions and was just generally rude in her interactions with me. She would constantly just walk away from me and expect me to follow her and then was visibly annoyed that I was following her around. She needs to realize that this type of attitude is detrimental to the learning environment. I was very disappointed during my interactions with her."
Staff unprofessional behavior toward students	7 (21.9%)	"I had a rather unpleasant encounter with a scrub nurse in the OR on L&D. This woman was extremely unprofessional, repeatedly hitting me with instruments whenever she wanted to get my attention. I finally looked her in the eye and said 'My name is X' and she stopped. In addition her comments to me were extremely rude. I was so taken aback by her that I had to stop and reassess the situation. It became obvious that she felt a strong need to impress the attending by her knowledge of the case and I was the target by which she wanted to prove herself. At that point I decided to ignore her rudeness but when she repeatedly kept hitting me with instruments, I looked her in the face and told her my name in a tone in which she understood she had crossed the line. Her comments didn't stop but she at least stopped hitting me."
Faculty unprofessional behavior toward others (patients or staff)	4 (12.5%)	"I was on triage for 3 night shifts, and during this time, I just felt that there was an atmosphere in which the healthcare team was comfortable in complaining or gossiping or speculating in a negative way about patients. Maybe I am a young idealist without any experience and I'm being overly sensitive, but from my outsiders perspective, I felt that there was a lack of empathy and a touch of unprofessionalism and disrespect toward patients, even if they weren't aware of it. In the presence of patients, I never witnessed any unprofessional or disrespectful behavior."
Students ignored or marginalized by faculty	4 (12.5%)	"A large split between resident quality at Hospital X. Several were outstanding and went out of their way to teach, while others clearly did not consider it their responsibility to engage with students at all. There was occasional hostility directed toward certain students, including overheard insults, rolling of eyes, not responding when spoken to, being regularly left behind for deliveries, surgeries, patient care, etc. While many residents fostered an outstanding learning environment, other residents were overtly unkind and fostered a very negative learning environment. The attendings were uniformly kind, engaging, and eager to teach."
Students prevented from speaking or working with attending and/or patients	3 (9.4%)	"While not exactly 'mistreatment', I felt fairly ignored on L&D and in the OR. I understand L&D can be a very fast-paced environment, but I don't feel like there was much teaching or inclusion that occurred during my time there. I usually felt like I was in the way, but at the same time was trying to learn as much as I could. In the OR there were many physicians who did not acknowledge my presence at any point during the surgery. They would quietly mumble things to the residents beside them, and seemed less than interested in educating the medical student standing in the back. There was a particular instance where I was in a long and complicated case that included 2 different surgical teams. The attending told me that I could leave if I wanted, since I wouldn't be able to see much anyway, but he said that if I stayed he would let me close at the end. I decided to stay, eager to help, only to be told by the residents at the end of 4 hours that 'we are just going to close. Sorry.'"
Faculty hostile or unprofessional behavior toward students	3 (9.4%)	"I felt that Dr. X from Hospital Y was unprofessional in the OR. He made several off-color remarks/jokes and several sexist comments in attempts to be funny. I also felt that he was reckless in the OR with his insertion of ports and during his salpingectomies. I did not feel personally mistreated but was uncomfortable throughout the encounter as was the intern."
Other – unprofessional behavior	3 (9.4%)	"A week prior to starting my gyn onc service I emailed the senior resident about where to report but did not receive a reply until the morning I was to start. This was despite several attempts to contact the resident and other faculty members and rotation coordinators. I found this lack of communication disrespectful and unprofessional."

\*% of total comments = # of comments in theme category/total # of mistreatment or unprofessional behavior comments received. Thirty-two total mistreatment or unprofessional behavior comments received during study period of 2015 to 2017.

**TABLE 6.** Summary of Ob/Gyn Mistreatment Data – Specificity of Comments Received

	Staff Type	2015-16	2016-17	
Nonspecific (refers to more than 1 person, no names given for negative aspects)	Multiple	8	6	
	Specific to a single individual, but no name given	Faculty	3	1
		Residents	3	2
		Nurses	1	1
		Other staff	–	1
		Unknown	1	–
Total	8	5		
Specific with name given	Faculty	3	1	
	Other staff	1	–	
	Total	4	1	
Grand total		20	12	

The narrative comments from students in our study highlighted the fact that there seems to be a disconnect between how mistreatment is traditionally defined and how students define it. Regardless of whether or not one believes that passive mistreatment is indeed mistreatment, this type of behavior nonetheless contributes to a negative learning environment. Within the medical community, student perspectives as they relate to mistreatment are not commonly solicited or addressed, but the now pervasive problem of student mistreatment and a negative learning environment is difficult to ignore.

Finally, a number of students in the study commented that other healthcare professionals were mistreating them. It is imperative for clerkship leadership to meet with nursing leadership on a regular basis to review feedback about nursing staff in the operating room and on Labor and Delivery. Nurses, midwives, and other operating room personnel play an integral role in the care of Ob/Gyn patients, and therefore they also play an integral role in the learning environment for students on the clerkship. There is a plethora of interprofessional learning to be had within the field of Ob/gyn that would surely enhance medical students' education.

A limitation of this study is that we received data from only 1 institution over a 3-year time period. This may be an inadequate period of time to observe a meaningful trend. It will be important to also track mistreatment data once the new interventions are put into place. Another limitation is that reports of unprofessionalism by students may be influenced by factors such as evaluations from faculty and residents, stress level, and perceived performance on the clerkship. It is also important to note that, when comparing professionalism of

Ob/Gyn versus other clerkships, especially the Surgery clerkship, the statistical significance does not necessarily translate to clinical significance, as this is very difficult to measure. Additionally, further clarifying questions would need to be asked in order to better characterize the unprofessionalism of the Ob/gyn versus Surgery clerkships.

## CONCLUSIONS

Our study revealed that students on the Ob/Gyn clerkship reported a high rate of mistreatment compared to other clerkships. There is a need for faculty and resident development with regards to the learning environment, teaching, and empathy for the medical student perspective. We must enhance our understanding of student perceptions and the specific contexts in which mistreatment occurs in order to allow for more targeted interventions.

## ACKNOWLEDGMENT

None.

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