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Experience

The Shame Is Not Mine: Addressing Abuse of Power Dynamics in Medical Training

Sierra Norman.[1]

The Experience

Introduction

The concept and concern about mistreatment during medical school is a longstanding issue. In the early 1980s, a physician on faculty at a medical school noticed the stark contrast between the optimism and eagerness in incoming medical students and the cynicism and depression of graduating medical students.[1] His subsequent research revealed that medical student mistreatment, particularly during the clinical years, led to this significant and negative impact.[2] In 1991, the Association of American Medical Colleges began including questions about mistreatment in their annual Graduation Questionnaire.[3] Numerous studies have been conducted on best practices to address medical student mistreatment. In 2012, the David Geffen School of Medicine at UCLA published their results after analyzing 13 years of data on the incidence, severity, and sources of perceived mistreatment.[4] During this period, they had implemented multiple approaches to address medical student mistreatment, including creating formal and informal methods for reporting and resolving incidents, providing education on the topic to students, residents, and faculty (i.e. definitions of mistreatment), and promoting open discussion among all levels. Despite these efforts, there was no significant change in the culture of mistreatment, citing influence of the engrained "hidden curriculum" of unspoken norms in the academic-social environment.

My experience with mistreatment occurred on a surgery clerkship. Surgery clerkships have the highest rate of reported mistreatment from medical students, with faculty typically being the source.[5] Across all specialties, mistreatment of medical students is largely due to sex/gender, race/ethnicity, and sexual orientation.[3] The American College of Surgeons has recognized the problem of mistreatment within their specialty specifically, which uniquely also includes influence of student role and career choice.[6] This suggests individualization of mistreatment, which creates additional obstacles to relying solely on a generalize response to mistreatment.

An important part of responding to mistreatment is being aware it exists. However, many students do not feel comfortable reporting mistreatment. Common reasons include concerns about believing it was not significant enough, mistrusting their institution, and fearing retaliation[7,8]. And, unfortunately, these concerns are often justified.

Surgery Clerkship

I have carefully considered the decision to share my surgery clerkship experience. Having already faced retaliation and defamation for voicing my concerns, I worried that sharing publicly might further affect my future education and career. However, staying silent about this specific experience would make me feel like I am accepting the shame of it. But the shame is not mine.

During the summer of 2023, I began my third core clerkship in surgery. My approach to every core clerkship has been to make the most of my experience, realizing I may never do anything like it again. I knew there were stereotypes of the environment, but my approach to surgery was no different. However, the atmosphere was far worse than I could have ever anticipated.

The initial negative interactions were primarily with the physician assistants (PAs). I want to preface that these experiences were with individuals, not a profession. I have worked with some incredible PAs whom I admire and am grateful for their contributions to my medical education. During this clerkship, I was predominantly left to work with the PAs, and there was tension with them from the beginning. I was told incorrect times to arrive to cases, misdirected on which cases to participate in, and directly rejected when I tried to ask for help or clarity on expectations. During the end of one case, an anesthesiologist felt it necessary to step in on my behalf and diffuse a PA's mistreatment towards me after the attending physician had left. I was not scheduled to participate in clinic with the attending physicians, being told "medical students slow things down," so my only interactions with them were in the operating room. The expectations from the PAs often contradicted the document on medical student expectations that I had received from the site director. No matter how I tried to balance it, tensions continued to escalate. I have attached the timeline of the negative interactions, highlighting two of note below.

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During Week 2 of 6, my interactions with the PAs had escalated to the point that I was concerned about their influence on my evaluation. I addressed this concern with the site director, who dismissed it. He reassured me that he wasn't worried about it impacting my evaluation and that I shouldn't be either. He attempted to normalize tension within their surgical team by sharing some of the drama. Such as issues with a PA taking a "father-like" approach with students. And the practice needing offices on two separate floors due to contempt between some of the surgeons. And a surgeon writing inappropriate notes, like referring to a patient's pre-procedure shave as a "pornstar shave." He finished the conversation by advising me to keep trying with the PAs.

During Week 3 of 6, I was publicly humiliated for the second time by a PA, this time in front of the patient, a new attending physician, and the rest of the surgical team in the operating room. He continued to accuse me of skipping rounds, even after a brief explanation that I was not assigned to participate that morning. It was not the time or place to argue, so I waited until the next morning and asked to speak with him privately about it. I told him I was on the clerkship for my education first and foremost and would not intentionally skip opportunities. I acknowledged there was some confusion the day prior and asked if he had any concerns about my performance moving forward that he address them with me directly. Initially, he was receptive, then he abruptly started yelling, "Actually, I am upset now. I have never been called out by a medical student before. Do you want me to just ignore your existence? Because I can do that!"

After speaking to the site director about this interaction, he made adjustments to limit the PAs interactions with me. However, the negative encounters and toxic environment still continued. With about two weeks remaining in my clerkship, the site director completed my Mid-Rotation Student Feedback Form, giving me positive marks and indicating no concerns. He also mentioned several times that the other attending physicians had texted him that they had had a good day with me in the operating room. On my last day, I offered to discuss my clerkship experience with him, hoping for some follow-up about the environment. He did not accept but texted me that I "finished strong." I let him know I had a timeline of the negative interactions that occurred and would include it in my evaluation to the university, for the sole purpose of providing feedback to improve the learning environment for future students. He told me again that he "wasn't worried." And I was simply relieved for the clerkship to be over and my break to be starting.

But It Only Got Worse

I wish I could say that the negative experience ended with the conclusion of the clerkship, but it only got worse. The knowledge of my timeline triggered retaliation from the site director, to a level of severity the university's designated advocate and other faculty members say they have never seen before. I mistakenly received an email from the site director intended for his colleague, stating he believed I would be giving him a negative evaluation and he would be failing me.

A few days later, I received the site director's evaluation, which included a comment stating, "it's a matter of time before she hurts a patient" and a clinical grade of 34.1% (FAIL).

As an individual who made the choice to dedicate my life to a career helping people, receiving this comment was absolutely devastating. The days and months that followed left me to fall into a very dark place. For so many reasons, I struggled to share anything with my friends. The weight of it felt so heavy, I didn't want to crush anyone else. I tried to keep the darkness to myself, but I was slipping through the cracks. And it broke my heart to watch as my behavior was misrepresented by my closest friends and twisted into damaging rumors, shredding the last bit of reputation I had and leading to more self-isolation.

I did make a half-hearted attempt to seek help. But when the university's counselor didn't show up to our appointment, it just reenforced my belief that it wasn't that bad and I could handle it on my own, so I did not pursue further support. I knew I wasn't going to do anything, so I didn't think I needed to tell anyone. I didn't think I needed to tell anyone that my Juliette balcony seemed to taunt me with its symbolic and ironic possibility. I didn't think I needed to tell anyone that I use to sleepwalk when overly tired and stressed. And maybe fear of that led to waking up being unable to move, feeling like I was being choked by a shadowy creature. But mostly I didn't say anything because I didn't want anyone to think I was weak. And as a result, my body became weak.

I wasn't talking. I wasn't eating. I wasn't sleeping. I was having multiple panic attacks a day. And eventually that all caught up to me. I accidentally ate something I was allergic to, something that I have done dozens of times with only a mild reaction. This time, I thought I was just having an XL panic attack at the same time and practically begged for over an hour just to be left alone to go to sleep. By the time I let someone take me to the emergency room, my oxygen saturation was 77% and I was showing signs of stage 3 anaphylactic shock. The doctor gave an incredulous, but kind, lecture to this medical student, telling me that if I had gone to sleep I would have woken up with brain damage, if I woke up at all. Being disturbed with thoughts of not existing anymore for weeks, and then having my actions almost unintentionally result in that, was such a violent wake-up call.

Starting To Heal

I was emotionally, mentally, and physically shattered, but I was alive. After my break, I started my Internal Medicine clerkship. As I was shown compassion and started to feel safe again, I slowly began sharing what I was going through. When I confided in my attending physician, she began to cry and shared something similar had happened to her during her surgery clerkship decades ago. She was promised the culture wasn't always going to be like this, but here it was still happening. Then she said something that brought on a fresh set of tears to me, "I want you to know that I wrote in your evaluation I would gladly let you care for my family members."

The attending notified the site director for the Internal Medicine clerkship, who offered me space to share what/if I wanted. When we met, she provided me with mental health resources outside of the university and told me that even if there was truth to the comment, which she did not believe that there was, I was a student and a comment like that would be a reflection and failure of the educator. Then, she asked if she could give me a hug, which I accepted with more tears. Ultimately, I received a glowing evaluation with comments that reflected those from every other core clerkship (aside from the first surgery clerkship) and was offered a letter of recommendation.

Throughout this time, I had been appealing the evaluation and am disappointed to say that my abundance of evidence was not enough against the site director's word. I have attached my appeal for reference. I was never given a notification or explanation, but the comment "it's a matter of time before she hurts a patient" was removed from my evaluation. The rest of the evaluation and grade were left unchanged and, consequently, I had to repeat the six-week surgery clerkship at a different site. To my knowledge, it does not appear the site director has been or will be held accountable for his dangerous actions.

I needed answers to so many "whys" for acceptance and closure to move on. I met with several leadership members of the university, but each one redirected me to someone else for those answers. Eventually, all deferred the decision, and therefore any answers, back to the surgery clerkship director. I had only met with her once during the appeal process and when I reached out, she did not reply. After emailing her again, her response included "I will not be able to engage in more discussions about this matter" and she pointed me back to someone who had already pointed me to her.

I was terrified to return to the general environment that had almost destroyed my career and future. On the first day of my second surgery clerkship, my intern asked, "What are your goals for this rotation?" My goal was simply to survive, and not talk about my first surgery clerkship experience for six weeks. But being there was so much harder than I thought it was going to be. I made it six hours before I felt it was necessary to tell my chief resident how I was feeling and why. Her response was blunt and validating.

Although being there was a mental and emotional struggle, I did have a great experience. The biggest ghost of my first surgery clerkship was in the Mid-Rotation Student Feedback Form, where a disclaimer had been added: "***This is not a guarantee of your final grade, and it may change pending your future performance on subsequent shifts and your exam.***" It is an understandable statement, but another frustrating response from the surgery department to my experience, as my form from the first surgery clerkship was positive.

Overall, the second surgery clerkship was everything the first surgery clerkship should have been and more. From an attending physician joking with me for "calling out" a chief resident, to a chief resident gladly taking photos of me to capture the memories, and to a resident saying I had a "plastic surgeon's stitch," every interaction was the complete opposite to my first experience. I earned a clinical grade of 93.8% and a High Pass overall, again receiving comments consistent with every other clerkship, aside from the first surgery clerkship.

So What?

Words have value, and too often as medical students, we often feel we become the sum of words like PASS and FAIL, or "it's a matter of time before she hurts a patient." This makes the clinical years of medical school an especially vulnerable time for students, when a large portion of our grade can be arbitrarily decided. A weaponized fail or baseless comment can cause irreparable harm and such behavior can have devastating consequences. It's not merely jeopardizing a student's career but also their very existence. Suicide rates among medical students are already three times higher than our peers,[9] without the added burden of being targeted by those who should be supporting us on our academic journey.

For this reason, more than any other, we must address the abuse of power dynamics in medical education to protect the well-being and future of every student. Unfortunately, it seems like some individuals in the medical field thrive on abusing power dynamics and see mistreatment as a rite of passage. Who excuse mistreatment as the method to strengthen resilience, because that is how it was done to them. But the desire to have others suffer as you have suffered is pathological. And the defensive nature of constructive criticism does not have a place in the future of medicine.

For decades, mistreatment of medical students has been condemned. But words are easy and often lack the necessary action to support them. My university says students are protected from retaliation, and I would imagine every institution has similar statements. I have unmistakable evidence that retaliation occurred, yet no action has been taken to protect me. It is often hard to prove when personal attacks bleed into professional spaces, but the designated advocate said this was the clearest and strongest case of retaliation they had ever seen. Still, it was not enough. So how are students supposed to feel safe coming forward when they have less or even no proof? When it's verbal, derogatory comments about their background or identity? Or physical, inappropriate moments of touch?

Isolation often serves as shame's closest companion, and that is a break-up I am working on. In the private conversations I have had, and other experiences shared, I know I am not alone in experiencing the pervasive culture of shame in our field. Unfortunately, as medical students, we have little power to do anything. I have been told I should have kept my mouth shut and head down, that the way I have been treated is just how things are. I do not accept that. I am not the kind of person to avoid doing the right thing just because it is the hard thing. And frankly, I wouldn't want my future healthcare providers to do that either.

Moving Forward

What is being done to address medical student mistreatment, and subsequent retaliation for reporting, is not enough. We are

still being exposed to negative educational experiences, and those in power to change that are not always supportive. The burden should not fall to medical students to carve out a space for our own safety, but until the larger system and culture changes, it kind of does.

Over the past year, one of the most important things I have learned is the value of Talking (with a capital "T") to people you trust. As medical students, I think our natural reaction is to keep our struggles to ourselves, likely fueled by imposter syndrome.[10] But it is a matter of time before every medical student faces some challenge during their training. Sharing experiences, advice, and encouragement can cultivate a supportive environment. Continuous, open communication among classmates may also help dismantle the negative effects of the "hidden curriculum" that perpetuates the culture of student mistreatment.

A student-led resource could offer a bottom-up approach to addressing medical student mistreatment by creating a space to facilitate these conversations. However, it is important to acknowledge the act of sharing personal experiences of mistreatment could add stress to the already stressful experience of being in medical school. Feeling powerless to not only protect ourselves, but also our friends and classmates that we care about, from being mistreated can further add to the emotional burden of the experience. Utilizing this approach would require a strong partnership with and trust in the institution to enact the necessary change to end mistreatment.

Therefore, medical education institutions will always be at the center of change regarding learning environments. While many institutional responses to mistreatment have focused on a top-down approach, there is room for improvement in implementing and executing these policies and procedures. For example, I feel my situation could have been avoided with more proactive and protective policies, especially regarding retaliation. Students, and clerkship departments, should be notified if a student's clerkship performance is not at a passing level before the clerkship ends, to prevent students from being failed only after reporting a concern. Additionally, there should be specific procedures for addressing retaliation, such as involving a third-party to avoid any potential bias. And it is important that there be transparency about how the institution is addressing mistreatment.

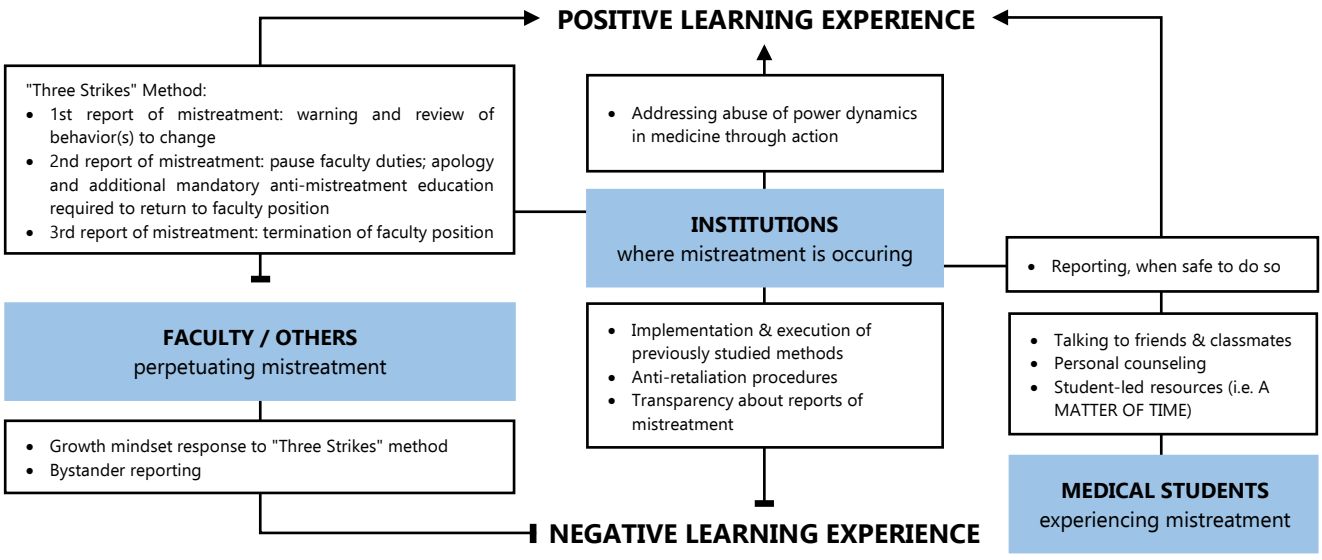
Bottom-up approaches can also be a response within an institution. Bystanders witnessing mistreatment should be encouraged to report. And those reported to be perpetuating mistreatment should be reviewed and held accountable, such as with a "three strikes" method. These suggestions are shown in *Figure 1*.

My hope in sharing my experience is to start a broader conversation about actively addressing the powerless position medical students are in during clinical years and the abuse of power dynamics in medical education. But I'm only a fourth-year medical student, I don't have all the answers for the *how* to fix this. And more than anything, I don't have the power to fix this. This needs to be addressed by individuals with that power. I recognize this is complicated to navigate, but the implications are too important to ignore. Condemnation is a start, but it's action that really matters. We all deserve a safe, positive learning environment.

Conclusion

Healing from this experience has been a long process. Sharing this article is part of that conclusion, and it was suggested that I wait for my own well-being. I chose to wait until after re-completing the surgery clerkship and taking Step 2 CK, but I could not wait until after residency matching. I could not carry this alone for another year; I needed to let go to move forward. And I could not continue to play a part in maintaining the culture of mistreatment by staying silent any longer. Publishing this article

***Figure 1*. Suggestions on How to Encourage More Positive Learning Experiences and Eliminate Medical Student Mistreatment.**



has been healing for both me and others that have experienced mistreatment during their medical training, and I hope it will protect future students from similar exposures. Based on experiences shared from students, residents, and attendings, my experience could have, and has, happened at other institutions. I have chosen not to name my university or individuals involved because this is a systemic issue. I am hopeful that sharing this experience will be seen as a learning and growing opportunity, as I know it has been for me.

The comment "it's a matter of time before she hurts a patient" was truly devastating. Although I know it was written in retaliation and removed from my evaluation, living with that was one of the biggest challenges I had to overcome. I felt it was important to make a broader positive impact out of this negative experience. So, I am developing A MATTER OF TIME, a project intended to support mental health by creating a space for celebration during highs and support during the lows on the journey to physicianhood, starting as a space on Reddit. Additionally, it will be raising funds for 988 Suicide & Crisis Lifeline. As I approach the end of my time in medical school and will soon be focused on the demands of residency, I am hoping to partner with an organization that can help amplify the impact of A MATTER OF TIME. My vision is for it to become a student-led resource in medical schools nationwide to encourage supportive communication among medical students and contribute to a more positive and compassionate generation of physicians.

I did not fail my clerkship, but the clerkship department and university did fail me. And while this experience initially turned my imposter syndrome into a near-invincible beast, I have now slayed it. I know I am a badass medical student and will be an even better physician one day.

I did not choose medical school because it was easy, but it should not be this hard. While I have also had the best time of my life in medical school and thoroughly enjoy being a medical student, I have never felt as powerless as this experience has made me feel and was haunted by it for months. As medical students, we don't have much power. But I have my voice and won't let anyone silence it.

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