The following guide was adopted from numerous sources and is not meant to be an exhaustive or definitive list. Please see the end of the guide for sources. As you will see, some mistreatment falls across multiple domains. For example, a student can be publicly humiliated and physically threatened. Mistreatment and microaggressions can also overlap.

	Mistreatment and Areas of Caution	Acceptable Behavior (but may be perceived by student as mistreatment)
Humiliation and Embarrassment	 Making a student dance during a procedure Feedback given to a student in a public area that is demeaning (i.e. "That is a stupid answer." or "Are you sure you're in medical school?") Talking negatively about a student to those not on service A resident tells a student that she will make him cry before the rotation is over A student is questioned during rounds until she gets a question wrong and then is yelled at 	 A student presents on morning rounds but does not know the urine output. Attending physician explains to the student why they should have this information. Student feels belittled or embarrassed in front of the team. (Public feedback is not mistreatment) Calling students out for being late or not following up on assigned tasks; such as pre-rounding. An attending raising their voice to get student to stop something procedurally because physician thought the patient was at risk A student is yelled at to move out of the way during a code
Physical Harm/Threats	• An attending throws a retractor at a student, calling the student an idiot for not being able to answer a basic question (also humiliation!)	 An OB attending shoves a student out of the way during a delivery after the attending supervisor sees a nuchal cord
Performing Personal Services	 Attending is meeting students for teaching rounds and asks students to pick up coffee or food for attending. Asking student to pick up birthday card for administrative assistant from hospital gift shop. Attending did not have child care on weekend and brought child in for morning rounds. Attending asks student to watch child at the nurse's station while attending sees patients with resident. Attending needs to pick up cake for weekend event and is stuck in the OR. Attending asks student to pick up cake before bakery closes. 	 Medical student is asked to return a page while the attending is on the phone to another colleague. Attending is changing a patient's dressing and does not have adequate supplies. Attending asks student to retrieve additional supplies from the supply room. A student is given money to get coffee for the team before rounds. Team members take turns doing this. A student is asked to stay late to assist during a medical procedure on a patient she is following

	 Attending request that student retrieve journal articles for a presentation that the attending is preparing. The articles are not related to a current patient on the service or a project in which the student is involved. A student is asked to perform rectal exams on all the patients admitted to the service 	
	 The resident/ attending buys dinner/pays for food or snacks but is unable to leave the labor floor to get it – asks the student to get the food (paying for the student to eat as well). If getting the food results in the student missing an opportunity to participate in a delivery with a patient that the student has been following, this could be problematic. Attending asks a student to page another physician in order for the attending to speak to the other physician. Attending's white coat was soiled during a clinic procedure. Attending asks student to go get a clean white coat for attending. The student knows the patient and prepares him for a thoracentesis. The student is prepared to do the procedure herself and has assembled all of the materials. The resident and attending perform the procedure without the student. 	
Harassment and/or Neglect	 Student's inquiries and contributions alike are being ignored during interactions with the team Attending refuses to check student note writing skills or orders persistently Student denied chance to participate in one or more activities of the team i.e. denies access to the OR, office or 	 The residents are in the middle of several emergencies on L&D and don't update the medical students following the patients about what is going on. The medical students are left sitting in the board room without direction and feel ignored. Students not being invited to social engagements that residents are invited to by the attending

	1	
	not being given chance to evaluate patients	 Student alleged mistreatment but was really more miffed that the attending didn't ask him about his weekend activities after he asked about hers. He felt unequal in the power balance
Mistreatment Rooted in Racism	 Specific behaviors including: Giving lower evaluations or grades based on race or ethnicity Subjecting students to offensive racist remarks Denying training opportunities or rewards based on race Using derogatory terms or slang to refer to a student's race or ethnicity. Assuming that a student is less qualified on the basis of their race or ethnicity Giving preferential treatment to a student on the basis of shared ethnicity or race Making generalizations about students based only on their ethnicity or race Persistently ignoring questions from a student who is a member of a racial or ethnic minority Examples include: A resident chastising a student for entering the incorrect rate of IVF, "You Asians are supposed to be good at math." After hearing a poor patient presentation, a faculty member says to a student, "You only got into school here because you are an (URM) underrepresented minority." Asking a student "Where are you from" with the intention of asking about familial country of origin or ethnic/racial heritage A fellow tells a Black student their natural hairstyle is "inappropriate for the clinic" 	Asking a student about their hometown
	 Areas of concern: Describing a student as "the tall Asian man" when asking the floor 	

	 team if they have seen the student whose name he has forgotten. (Be cautious using racial or ethnic terms as descriptors when attempting to identify a student) Asking the Hispanic student on the team, "Can you translate for us?" when confronted with a Hispanic appearing patient who did not speak English. (Use an interpreter, follow hospital policies) 	
Mistreatment Rooted in Sexism	 Specific behaviors including: Subjecting students to offensive sexist remarks or names Subjecting students to unwanted sexual advances Giving lower grades or evaluations based on gender Denying training or rewards based on gender Soliciting or engaging in sexual favors for grades Examples include: A resident or attending telling their student that he/she would like to take the student out to a restaurant or night club Telling a student that the outfit makes the student look sexy An attending asks his team, "How do you feel about all the money wasted spent educating women in medicine when they're just going to have babies and quit?" An attending tells a female-presenting in a button down shirt, chinos and dress shoes that they appear unprofessional 	 Examples include: Asking a student to meet 1:1 just after office hours, but within the medical center and in a public setting, to discuss performance/feedback An outpatient preceptor offering to give a student a ride home from the office because the office is located 15 miles from the city and they both reside in the city A male-indentifying student is not allowed to go into a room because a female-identifying patient only wants another female-identifying healthcare team member to examine her
Mistreatment Rooted in	Specific behaviors including:	Examples including: • Sharing your pronouns and inviting your

Homophobia and/or Transphobia	 Subjection to offensive remarks/names related to sexual orientation Denial of opportunities for training or rewards based on sexual orientation Using derogatory terms/slang to refer to person's sexual orientation or perceived sexual orientation or gender identity or perceived gender identity Asking about a student's sexual orientation or gender identity Purposefully and/or repeatedly misgendering a student Using sexual orientation-based terms to describe situations (i.e. "That's so gay!" 	 student to share their pronouns (not requiring or pressuring them to do so) A male-identifying student shares that they are married to another male-identified person and you ask, "How is your husband handling the pandemic?" Accidentally using an incorrect pronoun to describe a student. You should promptly say, "I'm sorry, I meant to use he/him pronouns" and avoid repeating the mistake
	 Examples including: Explaining to a male patient that it's okay if this particular female student performs a sensitive exam on him because she's homosexual A physician knows a student to be LGBTQ from participating in other campus groups or activities and because they are of the same sexual orientation, demonstrates favoritism by allowing this student to participate in more procedures and see patients with them in their private office A physician knows a student to be LGBTQ from participating in other campus groups or activities and because they are of the same sexual orientation, demonstrates favoritism by allowing this student to participate in more procedures and see patients with them in their private office A physician knows a student to be LGBTQ from participating in other campus groups or activities and does not ask them to see patients or does not have them participate in care to the same extent Explaining to a masculine-presenting student that their painted fingernails are unprofessional/inappropriate Explaining to a feminine-presenting student that their hair is too short Areas of caution: Presuming that all members of the team are of the same sexual orientation and therefore making 	

comments about the gender of a significant otherPresuming a student's gender identity or pronouns	

Adapted from numerous sources:

- 1. Feinberg School of Medicine of Northwestern University
- 2. University of Washington School of Medicine
- 3. <u>UICOM</u>