

Supplmental Digital Appendix 1

Mistreatment-Related Questions From an End-of-Clerkship Evaluation, Used by Stanford University School of Medicine



THIS FORM IS A PREVIEW ONLY!

Please complete the following table regarding mistreatment experienced or witnessed during this clerkship rotation.

If you experience or witness mistreatment that is concerning to you, please contact the Associate Dean for Medical Student Life Advising [REDACTED]

Please select if you witnessed mistreatment, personally experienced mistreatment, or both. (Question 1 of 8 , Confidential)

Witnessed	Personally Experienced	Both
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 2 of 8 , Confidential)

			Please indicate which person(s) engaged in mistreatment						
	Check here if you experienced mistreatment	Check here if you witnessed any other students being subjected to mistreatment	Preclerkship Faculty	Clerkship Faculty (Classroom)	Clerkship Faculty (Clinical Setting)	Resident/ Intern	Nurse	Administrator	Other Institution Employee
Publicly humiliated (does not include publicly embarrassed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened with physical harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically harmed (e.g., hit, slapped, kicked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required to perform personal services (e.g., shopping, babysitting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subjected to offensive sexist remarks/names	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Denied opportunities for training or rewards solely based on gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received lower evaluations or grades solely because of gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subjected to unwanted sexual advances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asked to exchange sexual favors for grades or other rewards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Denied opportunities for training or rewards solely based on race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subjected to racially or ethnically offensive remarks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received lower evaluations or grades solely because of race or ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Denied opportunities for training or rewards solely based on sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subjected to offensive remarks/names related to sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received lower evaluations or grades solely because of sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you reported the mistreatment, please indicate whom you contacted (check all that apply). (Question 3 of 8 , Confidential)

Selection	Option
<input type="checkbox"/>	Associate Dean for Medical Student Life Advising (currently Dr. Smith-Coggins)
<input type="checkbox"/>	Other Medical Student Advisor
<input type="checkbox"/>	Clerkship Director or Clerkship Site Director
<input type="checkbox"/>	Director of Clerkships (currently Dr. Lau)
<input type="checkbox"/>	Medical Education Dean (Assistant, Associate, or Senior Associate)
<input type="checkbox"/>	Counselor/advocate/ombudsman
<input type="checkbox"/>	Other medical school administrator

<input type="checkbox"/>	Faculty member
<input type="checkbox"/>	Other

If other, please specify: (Question 4 of 8 , Confidential)

If you reported the mistreatment, please indicate how satisfied you are with the outcome of having reported the mistreatment. (Question 5 of 8 , Confidential)

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there were any incident(s) of mistreatment that you did NOT report, why didn't you? Check all that apply. (Question 6 of 8 , Confidential)

Selection	Option
<input type="checkbox"/>	The incident did not seem important enough to report
<input type="checkbox"/>	I resolved the issue myself
<input type="checkbox"/>	I did not think anything would be done about it
<input type="checkbox"/>	Fear of reprisal
<input type="checkbox"/>	I did not know what to do
<input type="checkbox"/>	Other
<input type="checkbox"/>	I reported all incidents of mistreatment

If other, please specify: (Question 7 of 8 , Confidential)

Confidential Comments (optional) (Question 8 of 8 , Confidential)

This area is for providing any comments you may have regarding the mistreatment you experienced or witnessed. Comments will be kept anonymous. Please include the specific site name, and if possible, the name of the person responsible for the mistreatment reported.

If you do not wish to comment here, but are willing to share your experience directly with Dr. Smith-Coggins so that the issues can be addressed, please contact her at smithcog@stanford.edu.

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later	Submit
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