

University of Washington School of Medicine

Summary Report of Key Findings from 2023 Internal Surveys



EDUCATIONAL QUALITY IMPROVEMENT OFFICE

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OVERVIEW

This report presents key data trends and continuous quality improvement priorities based on the surveys students completed in the spring of 2023. Only the most notable data trends are summarized in the report. A list of the entire survey questions is appended to this report; requests for aggregate data not included in this summary report can be made to eqi@uw.edu.

The breakdown of cohorts and survey response rates in comparison with 2022 is presented in Table 1.

Table 1: Comparison of 2022 and 2023 Survey Response Rates

Year	2022		2023	
	Cohort	Response Rates	Cohort	Response Rates
MS1 Survey	E21	84%	E22	77%
MS2 End-of-Foundations Phase Survey	E20	69%	E21	75%
MS3 End-of-Patient Care Survey	E19	68%	E20	66%
MS4 End-of-Explore & Focus Phase Survey	E18	71%	E19	54%

Data from these surveys serve a critical purpose for meeting the medical school accreditation compliance requirements established by the Liaison Committee on Medical Education (LCME). Furthermore, the data guide the continuous quality improvement (CQI) of educational programs and student services. Typically, a quality benchmark is set at 80% of student satisfaction ratings; highlighted in this report as priorities for continuous quality improvement are below 70% satisfaction with a wide variation across regional campuses. For these areas, responsible units/teams establish benchmarks along with annual goals, which are entered into the CQI dashboard for tracking purposes. For areas highlighted for continuous quality improvement (CQI), action items to address the gaps in satisfaction will be regularly published in the student newsletters in the ongoing CQI Spotlight series.

Expanding upon the past years' communications with students regarding the overall data trends, the main section of this report is organized into (1) Curriculum; (2) Faculty and Administration; (3) Student Services; (4) Learning Environment; and (5) Mistreatment. All comments from students who completed the surveys were reviewed, analyzed, and distributed to the Academic Affairs leaders for their review and identification of both strengths and areas of improvement.

A separate data report summarizing the MS4 responses to the 2023 AAMC (Association of American Medical Colleges) Graduation Questionnaire is also shared with the students.

Note: (a) In alignment with the LCME survey scale, the 2023 surveys included a 1-4 likert scale vs. 1-5 likert scale in 2022 that included 'neutral'. Both surveys included N/As; graphs in this report do not report the N/A values; (b) missing data from 2022 mean data weren't collected.

CURRICULUM

STRENGTHS

Overall Quality of Curricular Phases

- Foundations Phase and Clinical Phases: Students continue to rate positively the quality of their education including MS1 & MS2 ratings of the Foundations Phase and MS3 & MS4 ratings of clinical phases. (See Figure 1)
- Utility of the Medical Education Program Objectives to Support Learning: Students across all four cohorts and across all regional campuses were highly satisfied with the program objectives. (See Figure 2)

Figure 1. Quality of Curricular Phases

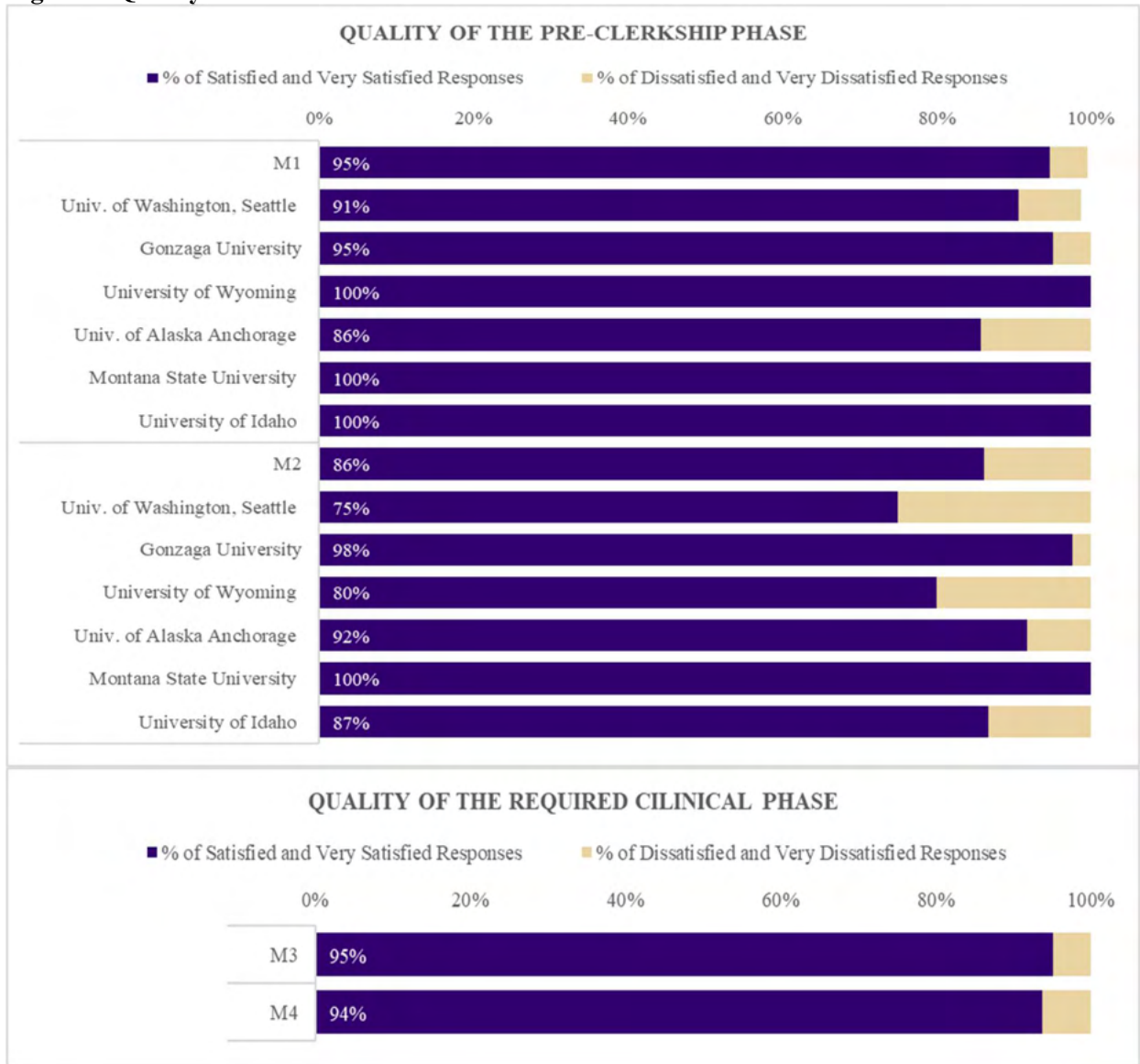
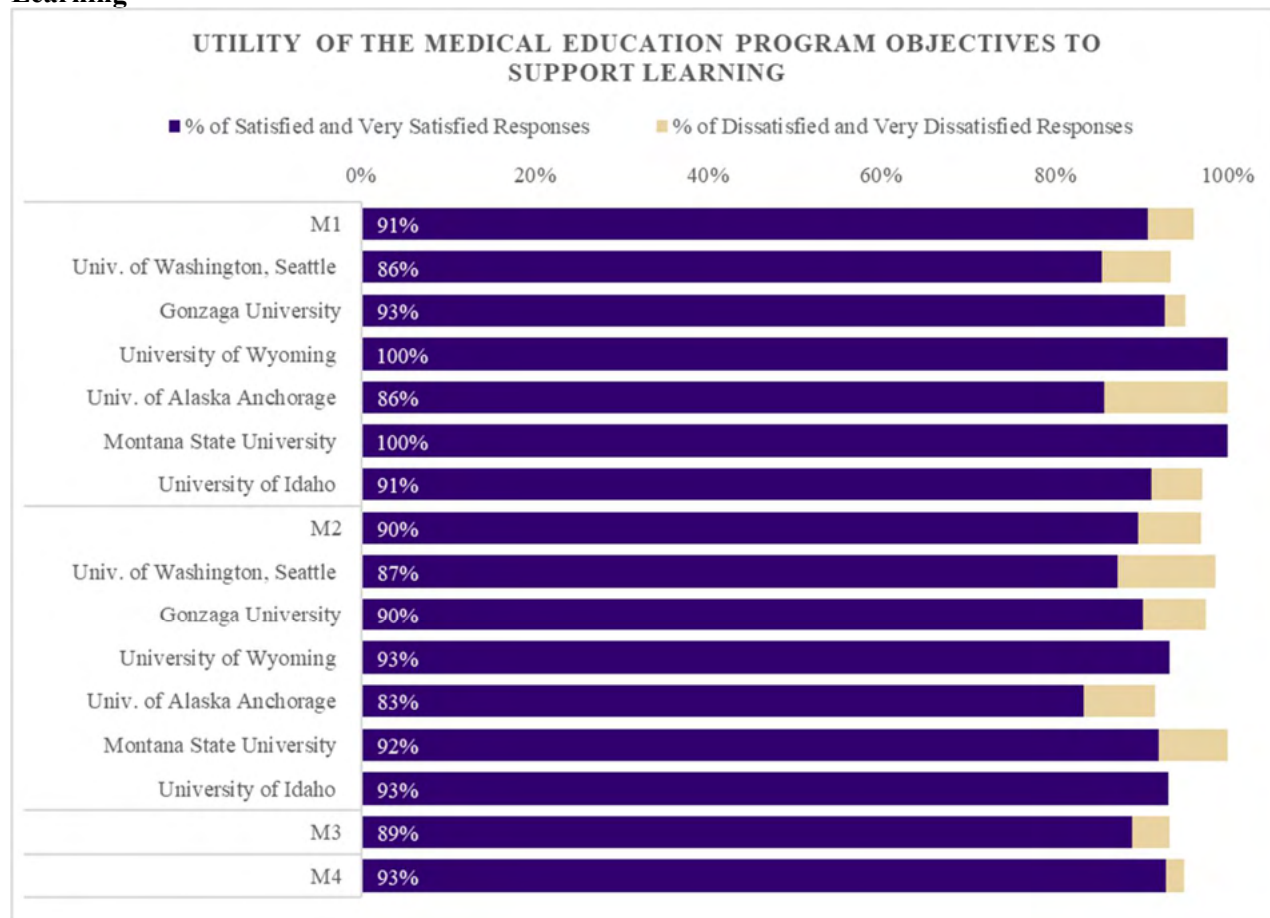


Figure 2: Student Satisfaction with Utility of the Medical Education Program Objectives to Support Learning



Student Satisfaction with Aspects of the Foundations Phase

- Opportunities for Self-Directed Learning: MS1 and MS2 students were largely satisfied with self-directed learning opportunities: **MS1 – 87% (2022: N/A)** vs. **MS2 – 88% (2022: 83%)**. The same data trend is found in clinical students’ satisfaction that reflect their retrospective views: **MS3 – 93%** vs. **MS4 – 91%**.
- Overall Workload:
 - MS1 and MS2 students were highly satisfied with workload: **MS1 – 92%** vs. **MS2 – 90%**.
 - The same data trend is found in clinical students’ retrospective satisfaction ratings: **MS3 – 90%** vs. **MS4 – 92%**. (Note: Clinical students’ ratings with clerkship workload were equally high: **MS3 – 81%** vs. **MS4 – 92%**.)
- Utility of the Pre-Clerkship Phase as Preparation for Required Clerkships: When asked to look back on the Foundations Phase, clinical students’ satisfaction with the phase as preparation for required clerkships was high: **MS3 – 85%** (2022: 82%) vs. **MS4 – 83%** (2022: 81%).
- Clinical Skills Training from the Foundations Phase as Preparation for Clerkship: Similarly, clinical students positively rated clinical skills training during the Foundations Phase: **MS3 – 85%** (2022: 84%) vs. **MS4 – 90%** (2022: 87%).

Feedback & Assessment

Per Table 2, all student cohorts indicated high satisfaction with the following aspects of feedback and assessment in the curriculum (*MS3 and MS4 data represent students' retrospective opinion about the Foundations Phase*):

Table 2: Areas of Strengths in Feedback and Assessment by Curricular Phase

Phase	Survey Item	MS1		MS2		MS3		MS4	
		Dissatisfaction (Range)	Satisfaction (Range)	Dissatisfaction (Range)	Satisfaction (Range)	Dissatisfaction	Satisfaction	Dissatisfaction	Satisfaction
FP	Amount of formative feedback	15% (10-29)	82% (71-88)	12% (2-18)	88% (82-98)	8%	90%	10%	90%
FP	Quality of formative feedback	9% (2-21)	88% (81-95)	10% (0-16)	90% (84-95)	6%	92%	12%	88%
FP	Fairness of summative assessments	4% (0-14)	92% (79-100)	4% (0-8)	95% (88-100)	2%	96%	3%	97%
Clinical	Amount of formative feedback	-	-	-	-	11%	89%	13%	87%
Clinical	Quality of formative feedback	-	-	-	-	18%	82%	24%	76%

Note: FP: Foundations Phase; Clinical: Patient Care Phase and Explore & Focus Phase; Range denotes ratings across regional campuses.

CONTINUOUS QUALITY IMPROVEMENT:

The following areas are selected for continuous quality improvement:

Coordination/Integration of Content in the Pre-Clerkship Phase

MS2 satisfaction average of **78%** was the lowest compared to **MS1 (84%)**, **MS3 (83%)**, and **MS4 (87%)**. In particular, satisfaction ratings for MS2 Seattle and Wyoming were below 70% (64%, 67%, respectively).

Adequacy of Unscheduled Time for Self-Directed Learning in the Pre-Clerkship Phase

MS1 satisfaction was lower than **MS2 (74% vs. 82%)**. While MS2 regional breakdown data showed comparable satisfaction across campuses, MS1 data showed a wider variation with Wyoming and Alaska satisfaction ratings below 70% (63% vs. 62%, respectively).

Feedback & Assessment

The following areas (**Table 3**) are highlighted as CQI priorities based on a wide range of student dissatisfaction and satisfaction across regional campuses and overall low satisfaction ratings by clinical students.

Table 3: Areas of Continuous Quality Improvement in Feedback and Assessment by Curricular Phase

Phase	Survey Item	MS1		MS2		MS3		MS4	
		Dissatisfaction (Range)	Satisfaction (Range)	Dissatisfaction (Range)	Satisfaction (Range)	Dissatisfaction	Satisfaction	Dissatisfaction	Satisfaction
FP*	Medical school responsiveness to student feedback on courses	14% (7-21)	81% (75-82)	21% (8-40)	76% (60-88)	-	-	-	-
Clinical	Fairness of summative assessments in clerkship phase	-	-	-	-	30%	70%	31%	69%
Clinical	Medical school responsiveness to student feedback on clerkships	-	-	-	-	25%	61%	28%	63%

*Note: FP: Foundations Phase; Clinical: Patient Care Phase and Explore & Focus Phase; *MS1 highest dissatisfaction was 21% (Alaska, Montana) and MS2, 40% (Wyoming). Both Seattle and Wyoming satisfaction ratings were below 70% (69%, 60%, respectively); Range denotes ratings across regional campuses.*

*Triple I Scholarly/Research Experiences – **LCME CITATION (UNSATISFACTORY)***

- Since the LCME site visit in 2018, the LCME accreditation Element 3.2 (Community of Scholars / Research Opportunities) has been cited primarily because of uneven satisfaction ratings across the region with access to research opportunities and sufficiency of information about research opportunities.
- As a top CQI priority, the Director of Scholarship and her team including the RUOP and GHIP leadership has been implementing multiple measures including the following: (a) expanding research opportunities including remote projects; (b) increasing moving expenses to help facilitate research across WWAMI campus sites, and (c) consistently communicating with students about projects and resources.
- As a result, the comparison data between 2022 and 2023 demonstrate a marked improvement in the data metrics. (See **Figure 3 and Figure 4**)
- The medical school is required to submit to the LCME a status report on December 1, 2023. Additional satisfaction data will be collected from MS2 who have just completed the Triple I experience.

Figure 3. Access to Scholarly Opportunities

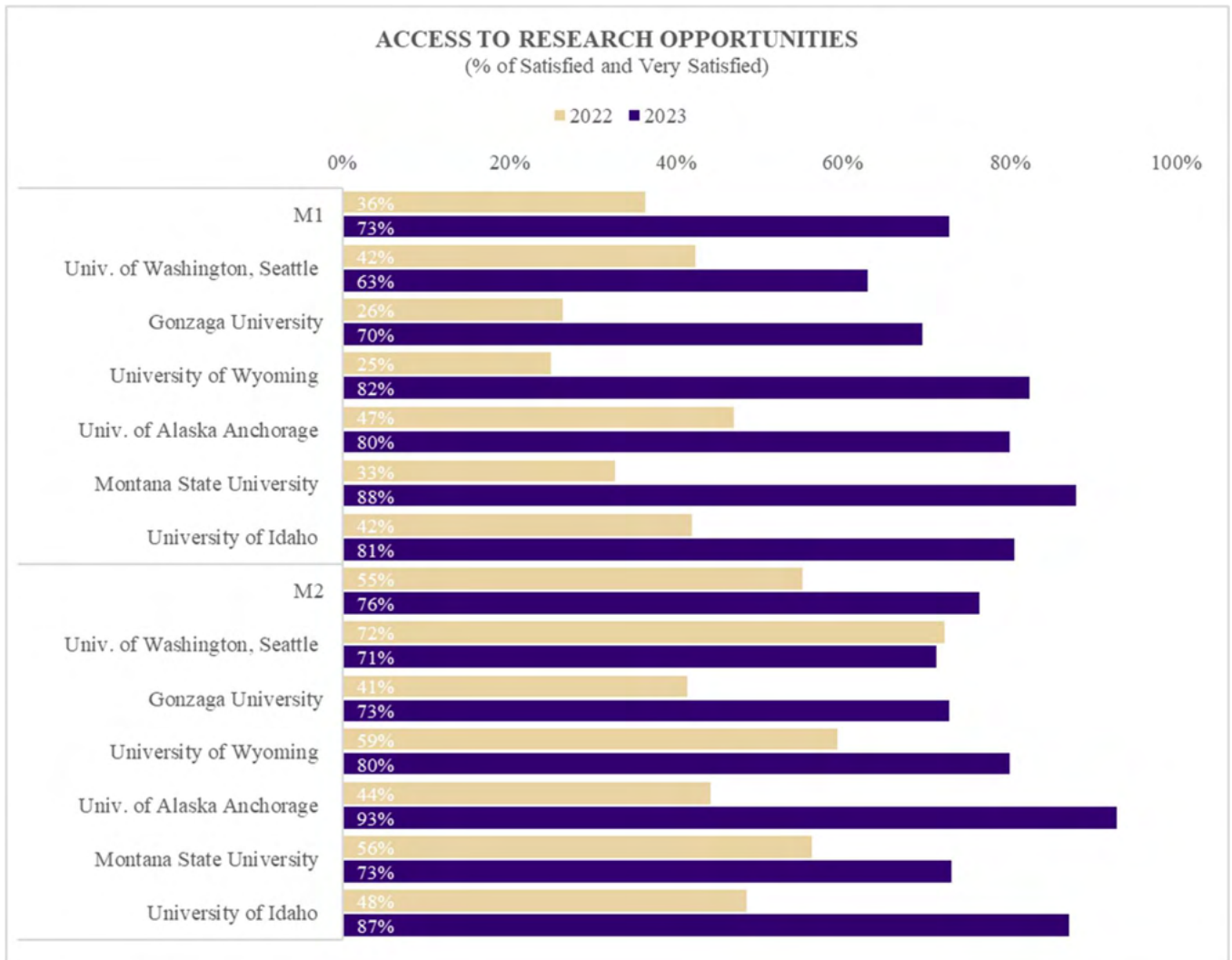
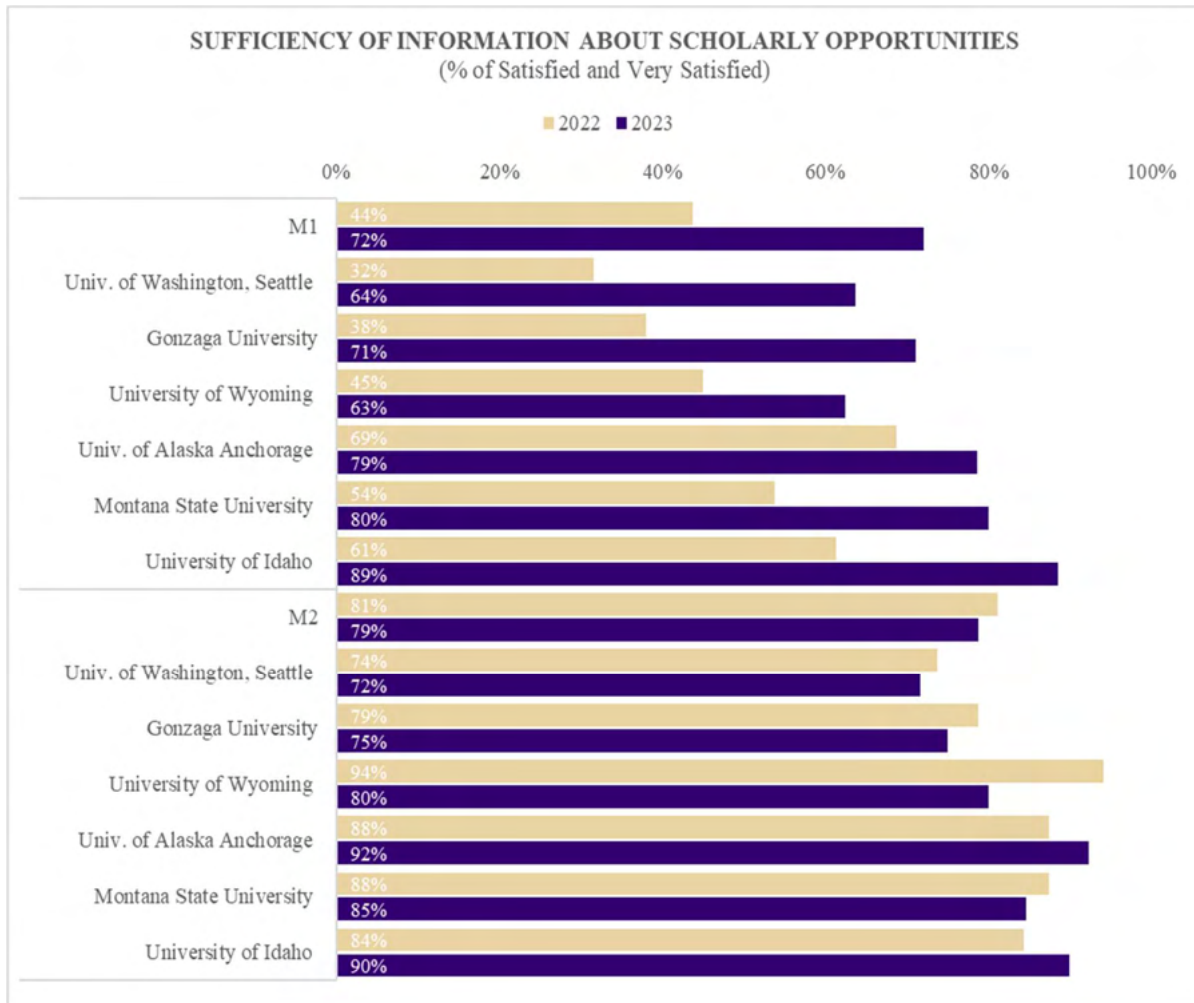


Figure 4. Sufficiency of Information about Scholarly Opportunities



FACULTY & ADMINISTRATION

Accessibility of Medical School Faculty

- Foundations Phase: Students’ satisfaction with access to faculty remain high across all regional campuses: **MS1 - 97%** vs. **MS2 - 95%**.
- Clinical Phases: Clinical students’ satisfaction with access to faculty also were high: **MS3 - 80%** vs. **MS4 - 86%**.

Opportunities to Discuss Educational Progress with a Faculty Member

- Foundations Phase: Both MS1 and MS2 students’ satisfaction were high: **MS1 - 84%** vs. **MS2 - 93%**. One area of continuous quality improvement involves MS1 Wyoming students’ rating of 69% - the lowest of all regional campuses.
- Clinical Phases: Student satisfaction was largely high: **MS3 - 81%** vs. **MS4 - 76%**.

Satisfaction with Central and Regional Administrative Offices

- Typically, Foundations Phase students’ ratings of their regional deans and administrative teams have been higher than those of the central administrative offices (See **Table 4**)
- The high turnover of leaders and staff in the central Seattle teams have been challenging in the past 2-3 years.
- With key positions filled, the CQI focus is to examine additional root causes of low satisfaction, particularly clinical students’ ratings, based on student comments.

Table 4. Students’ Satisfaction with Central and Regional Administrative Offices

Admin Office	Survey Item	MS1		MS2		MS3		MS4	
		Dissatisfaction	Satisfaction	Dissatisfaction	Satisfaction	Dissatisfaction	Satisfaction	Dissatisfaction	Satisfaction
Student Affairs	Accessibility	8%	52%	10%	67%	6%	51%	12%	62%
	Awareness of Student Concerns	16%	48%	17%	62%	13%	49%	19%	60%
	Response to Student Problems	21%	42%	18%	62%	15%	45%	21%	55%
Curriculum	Accessibility	3%	58%	3%	69%	1%	41%	5%	49%
	Awareness of Student Concerns	9%	53%	5%	67%	3%	39%	8%	51%
	Response to Student Problems	9%	52%	7%	65%	2%	40%	8%	49%
Regional Offices	Accessibility	5%	86%	5%	85%	-	-	-	-
	Awareness of Student Concerns	14%	75%	13%	78%	-	-	-	-
	Response to Student Problems	17%	71%	18%	74%	-	-	-	-

STUDENT SERVICES

In this section, data trends for five areas of student services are covered: (1) Academic Advising; (2) Career Advising; (3) Financial Aid Counseling; (4) Service Learning; and (5) Health Care Services. See **Table 5** for key data findings.

Academic Advising– **LCME CITATION (SATISFACTORY WITH NEED FOR MONITORING)**

- Academic Advising is one of the currently outstanding four accreditation citations.
- Following personnel turnovers both in the Seattle Academic Advising team and at regional campuses, the current group of Academic Advisors/Learning Specialists remains stable and continues to deliver high quality academic advising services across the region.
- A two-year comparison of satisfaction ratings shows an improving data trend: **MS1 – 60% vs. 62%** (2022 vs. 2023); **MS2 – 80% vs. 85%**; **MS3- 75% vs. 75%**; **MS4 – 70% vs. 81%**. The low satisfaction in MS1s may be explained by the survey timing at which point many students haven't established contacts with their learning specialists.
- From the accreditation perspective, the school must achieve comparable satisfaction ratings by students across all regional campuses. The current risk is the wide gaps in satisfaction by Seattle, Gonzaga, and Wyoming MS1s, although the % of students who haven't used academic advising is high at these campuses.
- When examining MS2 data, the ratings of academic advising quality are significantly higher than MS1 with comparable high ratings across all campuses (see table below). Both MS1s and MS2s will be re-surveyed in the fall to continue to monitor the data trend.
- Another CQI area is the availability of tutorial help. A large % of students did not use the service or were dissatisfied with tutorial help; the overall low MS2 satisfaction ratings pose a risk for the future LCME citation.

Career Advising

- Following the accreditation citation in 2018, the Career Advising team has implemented a system of career advising integrated into four years of medical school training.
- Student satisfaction ratings with adequacy and quality of career advising have remained high over the past several years.
- A CQI priority is improving MS2 satisfaction with counseling about elective choices. While **43% of MS1s** and **28% of MS2s** indicate they did not seek counseling about selecting electives, the moderate MS2 dissatisfaction could potentially lead to a citation in this area.

Financial Aid Counseling

- Financial Aid team had undergone a major personnel turnover over the past couple of years. This interfered with providing consistently high-quality services: **MS1-51%**

(2022: N/A); MS2 – 62% vs. 64% (2022 vs. 2023); MS3- 62% vs. 63%; MS4 – 61% vs. 71%.

- A CQI priority is to ensure that the new team is sufficiently supported to improve the quality ratings over the next year before the accreditation self-study kicks off in the fall of 2024.

Service Learning

- Service Learning was a previous LCME accreditation citation.
- The team’s sustained focus on data-driven CQI measures as well as a strong partnership with students and community leaders have resulted in a significant improvement in student satisfaction with access to service learning opportunities: MS1 - 90% (2022: N/A); MS2 – 69% vs. 90% (2022 vs. 2023); MS3- 52% vs. 80%; MS4 – 61% vs. 87%.

Health Care Services - LCME CITATION (UNSATISFACTORY)

- Clinical students’ satisfaction with healthcare services during clinical rotations continues to be low, which resulted in an accreditation citation in 2018.
- The current citation requires the school to demonstrate clinical students’ satisfaction with the guidance the school provides for accessing healthcare services during clinical training.
- The key CQI intervention has been the new *Policy on Student Access to Anticipated Healthcare*, which was drafted in collaboration with student leaders. The policy includes explicit statements supporting student wellness and access to healthcare during all clerkships, number of days students can request for healthcare access, as well as all clerkships following the policy language.
- The school leaders continue to (a) work with the Hall Health Center for offering telehealth services to students, (b) share with students information and resources about healthcare coverage, and (c) communicate with clerkship teams regarding the importance of honoring the new policy in order to help students feel empowered to seek healthcare during clinical training.

Table 5. Students’ Satisfaction with Student Services

Student Service	Survey Item	MS1		MS2		MS3		MS4	
		Dissatisfaction (Range)	Satisfaction (Range)	Dissatisfaction (Range)	Satisfaction (Range)	Dissatisfaction	Satisfaction	Dissatisfaction	Satisfaction
Academic Advising	Availability of Academic Advising Services	3% (0-9)	79% (68-100)	2% (0-7)	90% (84-100)	5%	84%	5%	88%
	Availability of Tutorial Help	1% (0-3)	70% (57-83)	2% (0-4)	64% (47-100)	2%	47%	3%	52%
	Quality of Academic Advising Services	2% (0-5)	75% (61-100)	12% (0-19)	81% (72-100)	7%	77%	11%	79%

Student Service	Survey Item	MS1		MS2		MS3		MS4	
		Dissatisfaction (Range)	Satisfaction (Range)	Dissatisfaction (Range)	Satisfaction (Range)	Dissatisfaction	Satisfaction	Dissatisfaction	Satisfaction
Career Advising	Adequacy of Career Advising	8% (0-17)	86% (79-94)	5% (0-8)	88% (75-100)	6%	92%	9%	91%
	Adequacy of Elective Choice Advising	9% (0-17)	48% (30-56)	17% (0-27)	55% (43-77)	24%	71%	10%	86%
	Quality of Career Advising	4% (0-13)	87% (79-94)	6% (0-11)	87% (70-100)	6%	91%	6%	94%
Financial Aid Counseling	Overall Quality	12% (3-41)	51% (39-78)	12% (4-20)	64% (53-83)	10%	63%	14%	71%
Service Learning	Access to Service Learning	4% (0-13)	90% (85-100)	5% (0-13)	90% (73-100)	10%	80%	3%	87%
Health Care Services	Accessibility to Health Services	12% (7-19)	47% (21-79)	17% (0-29)	48% (38-67)	24%	25%	21%	33%

LEARNING ENVIRONMENT

Table 6 summarizes student ratings of agreement with 11 areas of the Foundations Phase and clerkship training environment. Data from 2022 and 2023 surveys are compared (MS1 data not collected). Below, both strengths in the learning environment and areas of improvement are summarized.

STRENGTHS

- MS2, MS3, and MS4 students continued to positively rate the school's promotion of professional behaviors: **MS2 – 96% (2022: 87%); MS3 – 96% (2022: 80%); MS4 – 94% (2022: 78%)**, and their perceived treatment in a respectful manner: **MS2 – 96% (2022: 89%); MS3 – 93% (2022: 81%); MS4 – 88% (2022: 78%)**.
- Similarly, students strongly agreed that faculty were committed to their success, which is a consistent pattern across all regional campuses: **MS2 – 97% (2022: 90%); MS3 – 95% (2022: 81%); MS4 – 88% (2022: 80%)**.
- While approximately one in ten students would not recommend the UW School of Medicine to undergraduate students, a large majority would recommend the school: **MS2 – 88% (2022: 81%); MS3 – 91% (2022: 75%); MS4 – 87% (2022: 75%)**.
- Equally positive are students' belief that the school had done a good job of fostering and nurturing their development as a future physician: **MS2 – 93% (2022: 75%); MS3 – 97% (2022: 64%); MS4 – 92% (2022: 60%)**.

CONTINUOUS QUALITY IMPROVEMENT

- Although largely trending in a positive direction, student ratings of the medical school as a comfortable place for different student communities continue to fall short of the 70% mark across student cohorts. Below are questions associated with student ratings of whether UWSOM is a comfortable place for:
 - Students from underrepresented backgrounds: **MS2 – 73% (2022: 57%); MS3 – 67% (2022: 33%); MS4 – 60% (2022: 38%)**.
 - LGBTQ students: **MS2 – 75% (2022: 63%); MS3 – 64% (2022: 52%); MS4 – 62% (2022: 47%)**.
- MS2 students feel connected to their peers at their Foundations sites (**89% vs. 66% in 2022**); **80% (61% in 2022)** feel comfortable sharing their ideas and opinions with other medical students.
- Two additional measures of the learning environment that require CQI attention include:
 - Student satisfaction with the outcomes of concerns raised about the learning environment: **MS2 – 72% (2022: 45%); MS3 – 55% (2022: 42%); MS4 – 56% (2022: 44%)**.
 - Students feeling they can safely bring forward concerns about the learning environment without fear of reprisal: **MS2 – 79% (2022: 61%); MS3 – 66% (2022: 56%); MS4 – 71% (2022: 59%)**.

Table 6. MS2-MS4 Ratings of Aspects of Learning Environment

Survey Item	Cohort	2022	2023	
		Agreement (Range)	Disagreement (Range)	Agreement (Range)
		%	%	%
The UWSOM educational programs promotes professional behaviors including respect, compassion, integrity, and courteous conduct.	M2	87%	4%	96%
		(74-100)	(0-8)	(92-100)
	M3	80%	3%	96%
	M4	78%	6%	94%
	M2	89%	4%	96%
		(71-100)	(0-8)	(92-100)
Students are treated in a compassionate, courteous, respectful and professional manner.	M3	81%	6%	93%
	M4	78%	11%	88%
	M2	90%	3%	97%
(81-100)		(0-6)	(94-100)	
The faculty are committed to my success.	M3	81%	4%	95%
	M4	80%	11%	88%
	M2	57%	13%	73%
(43-73)		(4-17)	(70-80)	
UWSOM is a comfortable place for students from underrepresented backgrounds to learn medicine.	M3	33%	12%	67%
	M4	38%	22%	60%
	M2	63%	6%	75%
(47-78)		(0-8)	(66-92)	
UWSOM is a comfortable place for LGBTQ students to learn medicine.	M3	52%	6%	64%
	M4	47%	10%	62%
	M2	61%	22%	80%
(0-78)		(7-27)	(73-93)	
I feel comfortable sharing my ideas and opinions with other UWSOM students.	M3	33%	28%	71%
	M4	38%	28%	71%
	M2	61%	19%	79%
(47-78)		(0-8)	(70-93)	
I can safely bring forward concerns about the learning environment without fear of reprisal.	M3	56%	25%	66%
	M4	59%	27%	71%
	M2	45%	20%	72%
(28-62)		(7-31)	(62-92)	
I am satisfied with the outcomes of concerns raised about the learning environment.	M3	42%	19%	55%
	M4	44%	35%	56%
	M2	66%	11%	89%
(35-94)		(0-20)	(80-100)	
I feel connected to UWSOM students at my Foundations site.	M3	NA	34%	66%
	M4	NA	22%	78%
	M2	81%	12%	88%
(66-95)		(5-18)	(82-95)	
I would recommend UWSOM to undergraduate premedical students.				

Survey Item	Cohort	2022	2023	
		Agreement (Range)	Disagreement (Range)	Agreement (Range)
		%	%	%
	M3	75%	8%	91%
	M4	75%	13%	87%
	M2	75%	7%	93%
		(64-85)	(0-10)	(90-100)
UWSOM has done a good job of fostering and nurturing my development as a future physician.	M3	64%	2%	97%
	M4	60%	8%	92%

**Scale: Strongly Disagree, Disagree, Agree, Strongly Agree*

MISTREATMENT

Student mistreatment was cited by the LCME as unsatisfactory in 2010 and 2018. Spearheaded by the Learning Environment Committee and team, the medical school has made many levels of improvement to ensure that students are aware of the student mistreatment policy and procedures for reporting mistreatment experiences. Furthermore, mistreatment incidents are routinely tracked through student reporting in the end-of-block and clerkship evaluations, which are reviewed and acted upon by the IROC (Incident Report and Oversight Committee).

Below are key areas of strengths and continuous quality improvement (See Figures 5-11).

STRENGTHS

- Historically, three notable areas of student mistreatment have been closely monitored by the school: (a) public humiliation; (b) offensive sexist remarks/names; and (c) racially offensive remarks/names. The school attained a satisfactory standing by the LCME based on the positive data trending towards lower frequency of mistreatment incidents student reported.
- Below are % of students indicating mistreatment experiences in each area at least once during their medical school training. The national average is based on the published AAMC (Association of American Medical Colleges) benchmark.
 - Public Humiliation (National Average: 21%): MS2 – 5% (2022: 4%); MS3 – 15% (2022: 20%); MS4 – 17% (2022: 20%) [*Although small class size, Wyoming's 2023 rating of 13% is notable.*]
 - Offensive Sexist Remarks/Names (National Average: 14%): MS2 – 5% (2022: 8%); MS3 – 16% (2022: 14%); MS4 – 16% (2022: 18%)
 - Racially Offensive Remarks/Names: (National Average: 9%): MS2 – 5% (2022: 3%); MS3 – 6% (2022: 8%); MS4 – 5% (2022: 8%)
- Student satisfaction with the following has largely improved over the past two years:
 - Satisfaction with Clarity of Mistreatment Policy: **MS2 – 81% (2022: 68%); MS3 – 82% (2022: 74%); MS4 – 96% (2022: 80%)**
 - Satisfaction with Processes to Report Mistreatment: **MS2 – 72% (2022: 66%); MS3 – 72% (2022: 72%); MS4 – 91% (2022: 81%)**
 - Medical School Activities to Prevent Student Mistreatment: **MS2 – 71% (2022: 56%); MS3 – 65% (2022: 61%); MS4 – 73% (2022: 54%)** [*The Learning Environment team will examine sources of lower satisfaction for MS3 based on comments.*]

CONTINUOUS QUALITY IMPROVEMENT

The following areas are noted for continuous quality improvement in order to continue to sustain the significant progresses that many individuals have contributed to over the years:

- Awareness of Mistreatment Policy: **MS1 – 56%** (no 2022 data); **MS2 – 66%** (2022: **87%**); **MS3 – 78%** (2022: **96%**); **MS4 – 97%** (2022: **97%**).
- Knowledge of How to Report Mistreatment Experiences: **MS1 – 61%** (no 2022 data); **MS2 – 78%** (2022: **94%**); **MS3 – 81%** (2022: **95%**); **MS4 – 93%** (2022: **95%**).
- Satisfaction with Adequacy of Medical School Actions on Reports of Mistreatment: **MS2 – 65%** (2022: **52%**); **MS3 – 55%** (2022: **55%**); **MS4 – 68%** (2022: **51%**).

Figure 5. Awareness of Mistreatment Policy

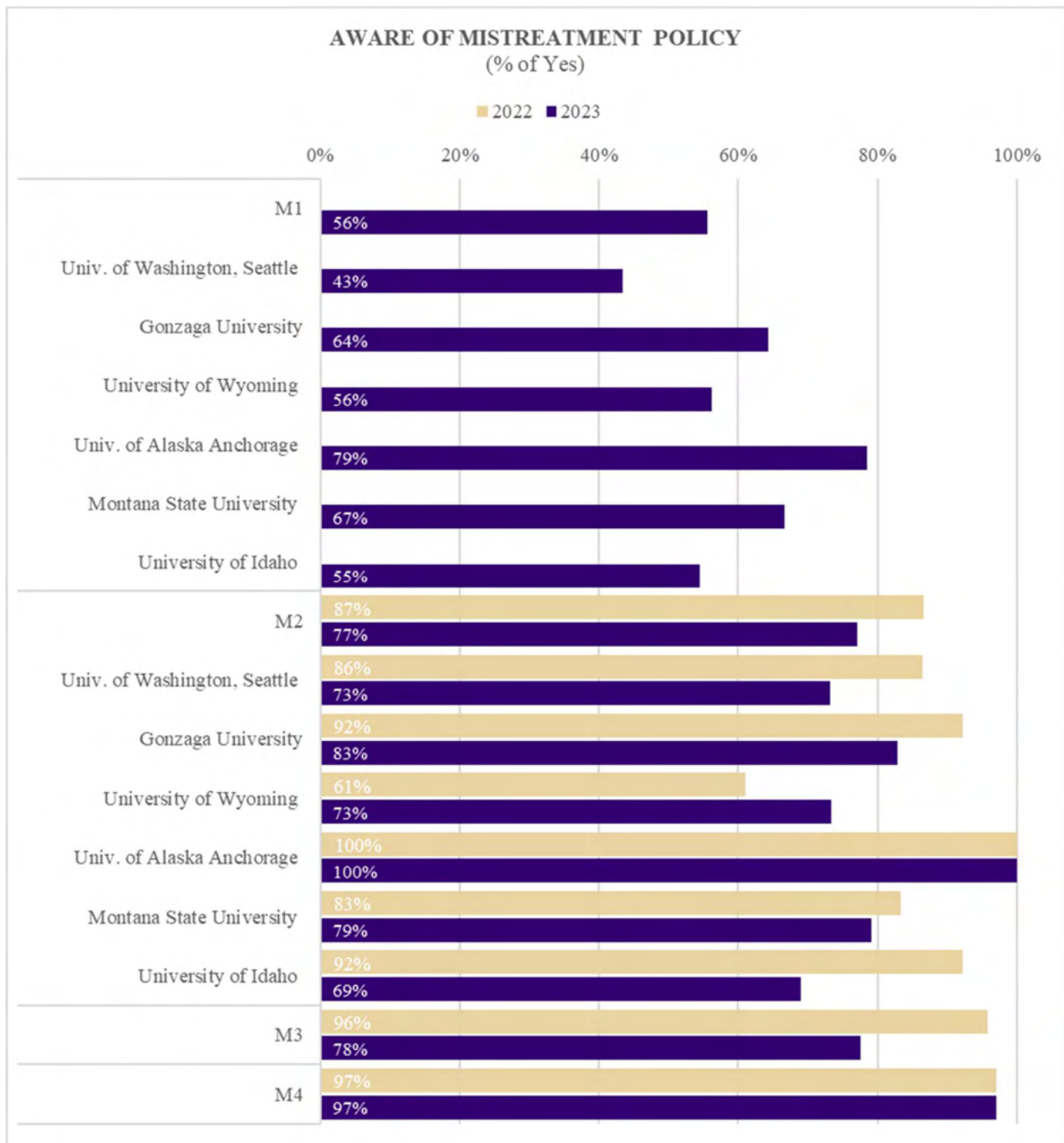


Figure 6. Knowledge of Reporting Mistreatment

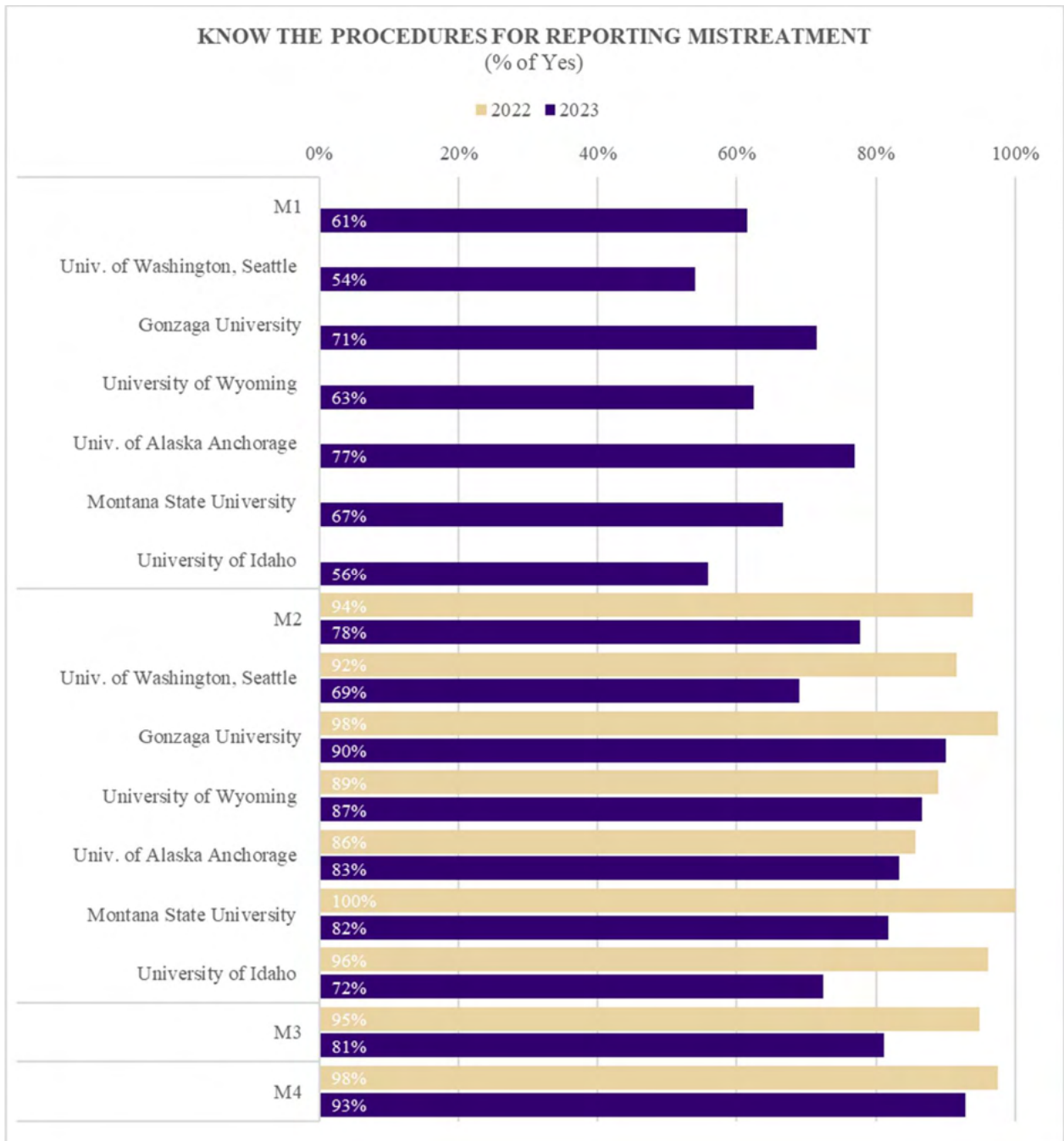


Figure 7. Clarity of Mistreatment Policy

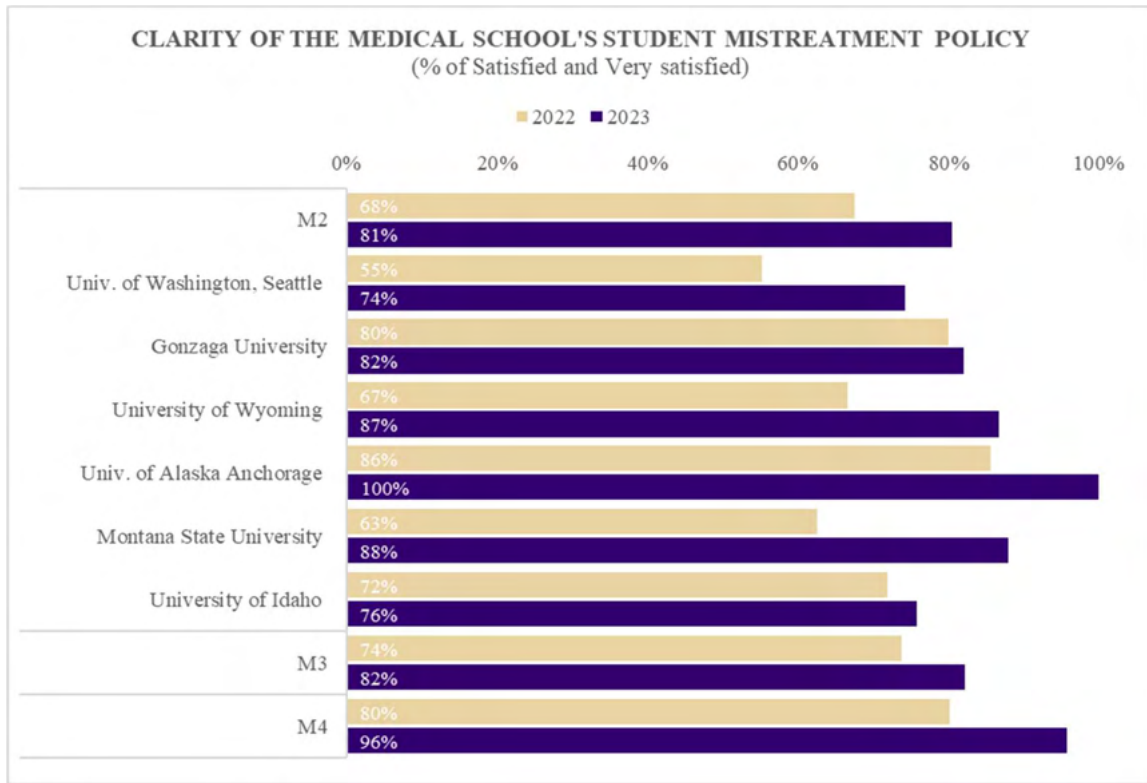


Figure 8. Processes to Report Student Mistreatment

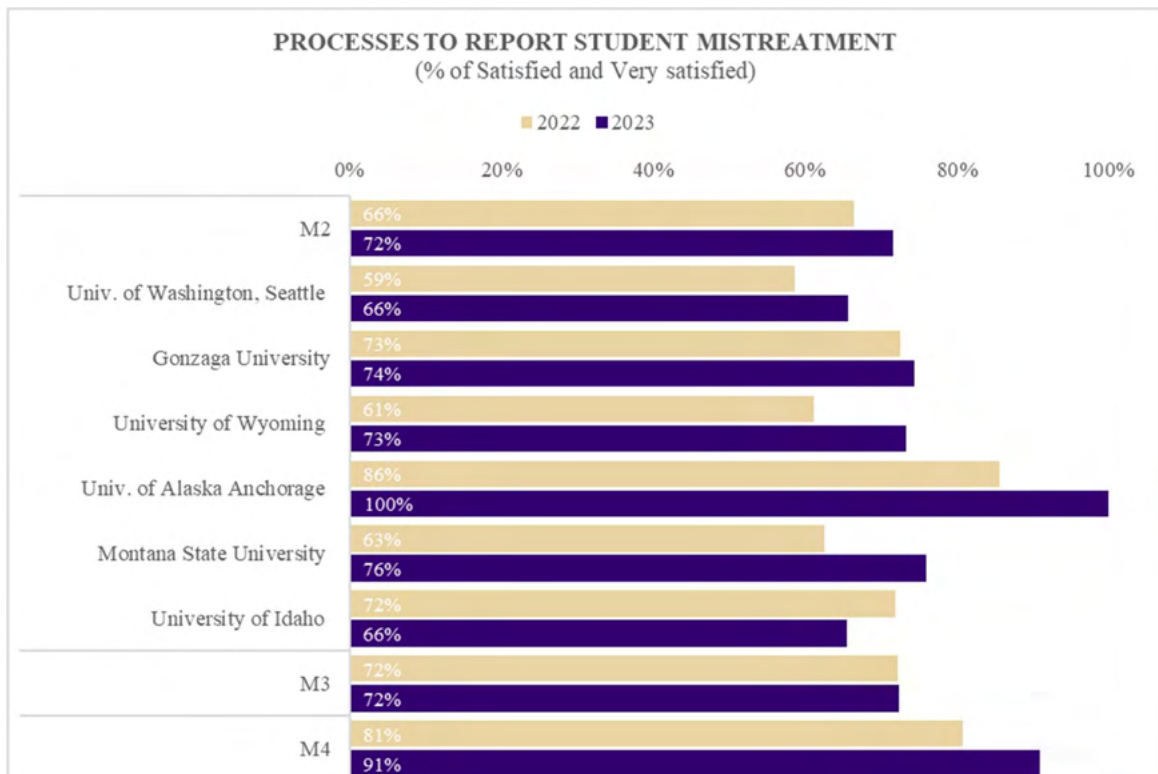


Figure 9. Medical School Activities to Prevent Student Mistreatment

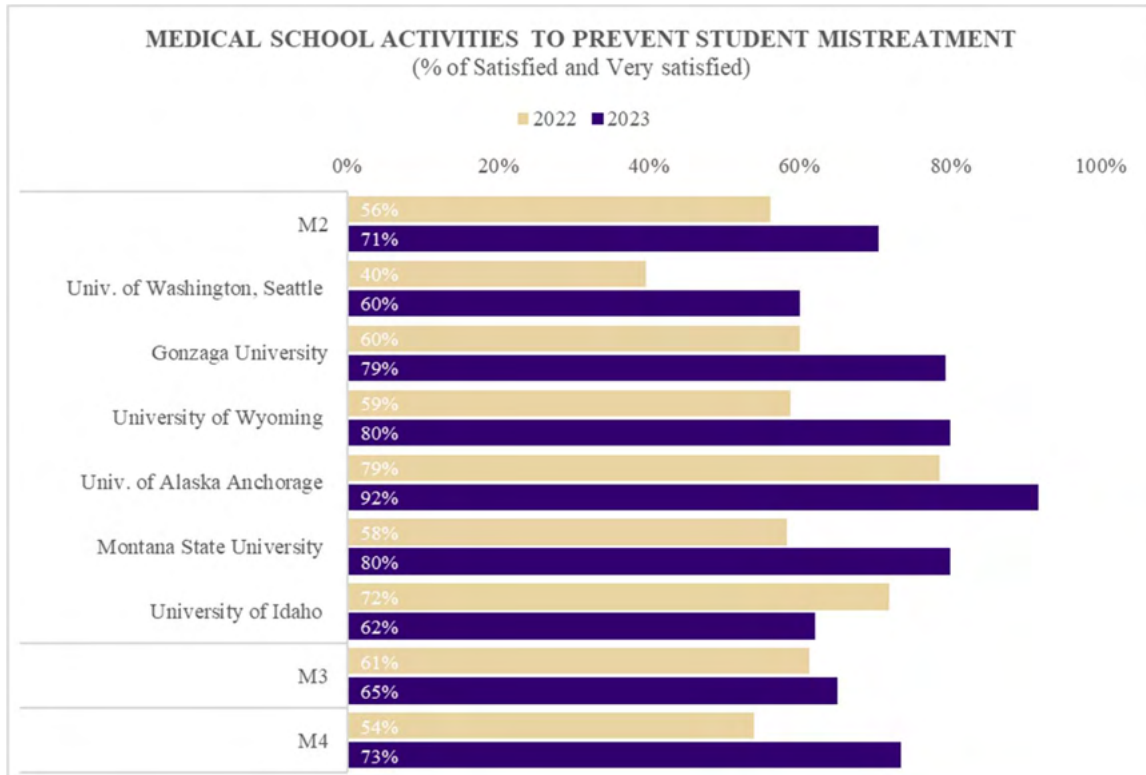


Figure 10. Adequacy of Medical School Actions on Reports of Student Mistreatment

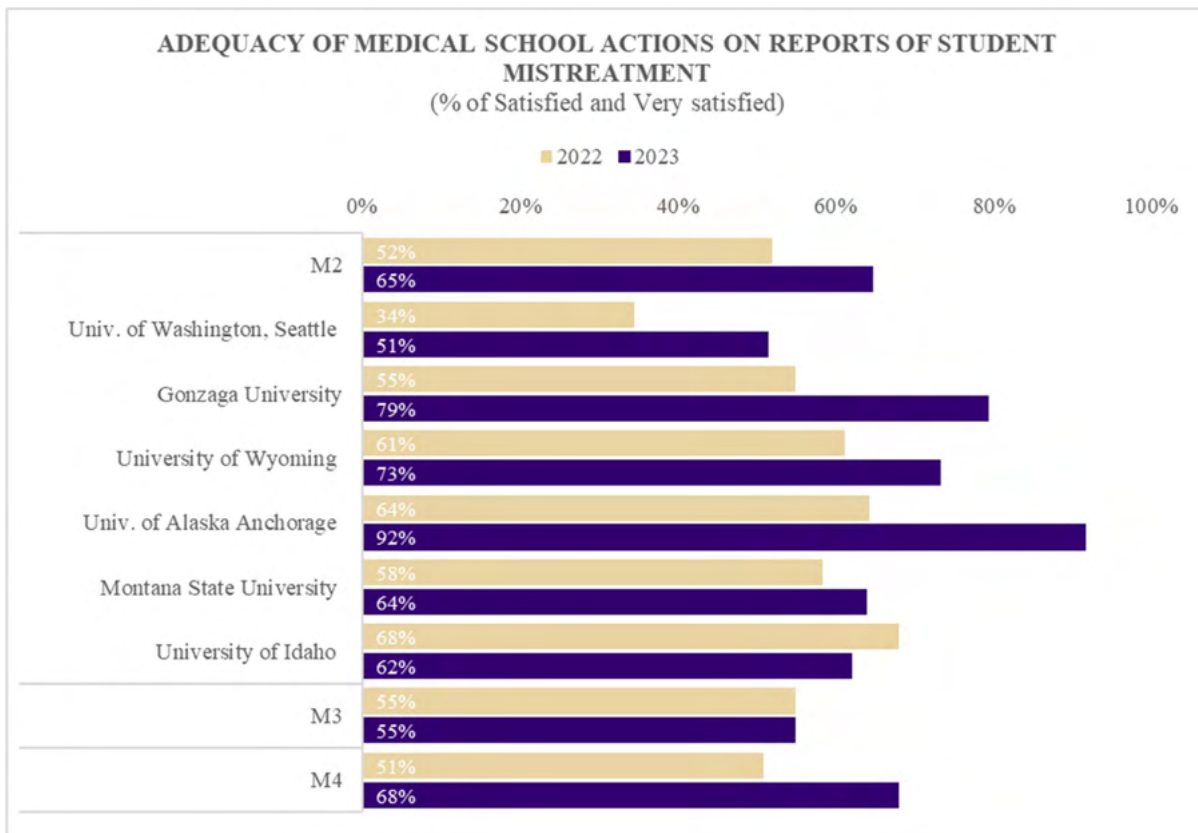


Figure 11. Experienced Mistreatment At Least Once

