OP 15

CONSEQUENCES OF MISTREATMENT AND DISCRIMINATION AMONG MEDICAL STUDENTS IN SRI LANKA: AN ISLAND WIDE CROSS-SECTIONAL STUDY

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Introduction and Objectives

Although mistreatment and discrimination adversely affect the wellbeing of medical students, evidence regarding their prevalence and impact in Sri Lanka remains limited.

Methods

A cross-sectional survey was conducted using a self-administered online questionnaire distributed among medical undergraduates who had been enrolled for at least 1 year in the MBBS programme of 11 universities in Sri Lanka. Data were analysed using chi-square tests and multivariable logistic regression to examine associations between gender discrimination and sociodemographic, educational, risk behaviours and mental health-related factors, with results presented as adjusted odds ratios and 95% confidence intervals. Pre-existing mental health conditions were not assessed and therefore could not be controlled for as potential confounders.

Results

Of 8,805 eligible medical students, 1,752 participated (response rate was 19.9%).Overall, 45.7% of respondents reported mistreatment or discrimination, primarily psychological intimidation (34.8%), discriminatory treatment (31.9%), sexual mistreatment (16.1%), and physical mistreatment (15.9%). Clinical environments, specifically ward-based teaching (19.1%, n=297),were the primary setting (26.4%, n=412). Frequent perpetrators included healthcare staff (62.8%, led by consultants at 18.5%), peers (52.5%), faculty (36.8%), and patients/families (8.9%). Most affected students (88.1%,n=571) did not formally report incidents, mainly believing no action would be taken (44.4%). Mistreatment/discrimination was associated with substance use (OR=7.37, 95% CI: 2.00–51.38), alcohol consumption (OR=1.70, 95% CI: 1.25–2.33), stress (OR=3.45, 95% CI: 2.83–4.22), depression (OR=2.95, 95% CI: 2.42–3.60), anxiety (OR=2.62, 95% CI: 2.16–3.18), self-harm (OR=1.71, 95% CI: 1.33–2.19) and suicidal ideation (OR=1.57, 95% CI: 1.23–2.01). Associations between individual mistreatment types and these outcomes were not analyzed, and event severity was not evaluated.

Conclusions

Mistreatment/discrimination is prevalent among medical undergraduates, occurring primarily in clinical environments. It strongly correlates with stress, anxiety, depression, self-harm, suicidal ideation, and substance risk behaviors. These findings underscore an urgent need for faculties to cultivate safer, more equitable environments and by strengthening reporting mechanisms.

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CORRELATION OF PERCEIVED STRESS WITH GRACE-3 PREDICTED IN-HOSPITAL MORTALITY AMONG ACUTE CORONARY SYNDROME PATIENTS AT NATIONAL HOSPITAL, GALLE, SRI LANKA

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Introduction and Objectives

GRACE-3.0 is machine-learning based risk-prediction score in acute-coronary-syndromes (ACS) to identify early-mortality-risk to prioritise early-invasive-treatment. GRACE-3.0 uses age, sex, heart-rate, systolic-blood-pressure, cardiac-arrest, creatinine, troponin, ST-elevation and Killip-class but does not include perceived-stress. This study aims to ascertain correlation of GRACE-3.0 predicted risk with perceived-stress prevalent prior to ACS using a validated perceived-stress-score (PSS) assessment.