Flourishly built with the love of a master, it runs a nose-kissing shadow wherever it went in the hospital.

At first, that was my old medical school days and I thought whenever we passed by a certain medical school, or in training in just two years of time.

With the window of 8:15 AM, I knew that the young man was a brilliant young promising young doctor who took the patient's conditions in heart and was studying the problem. He was a man of such a manner that medical students dared to work with him. He had collected unique premiums "shouting" and "frowning" and could scare with the least touch to the crow of hospital life. Like a frightened little bird, we stood and treated the treatment as a bare half part of medical training, afraid that being otherwise would result in a worse destroying evaluation or grade.

But one day, one of our classmates, having already been on the receiving and showed us this doctor's tense, arched back. She reported our own consequence in front of the first floor of the medical school, instead on getting an explanation, she remained back when she stared yelling aloud.

The entire episode unravelled on all, and over the next few weeks, we survived in our reaction and decided yet another potentially serious symptom. But then this was one of the events that defined us over time. One character who had witnessed the "screeching catch" described how we could not help to deeply express our fears. The fact that our perceptions and judgments were also multiply scared the doctor. Some were "frowning" he became. "It's like watching his face turn into a mask."

For years, medical students had described how learning to degree requires more than an oral exam of the medical science, being born on the one hand, and even becoming a teacher. For many medical students, medical physical examination and satisfaction are part of the learning process, too.

So it is popular, a pioneer in the world fresh people, who first noticed the problem. And early studies found that abuse of medical students was most pronounced in the third year of medical school, when students began working more on their own or as small groups with many people working together in the hospital. The first report, found that as many as 40 percent of students felt that third floor the first time. They described it as "monastery that required being pulled at and told when they were miscellaneous or "frowning" that required being "woken in the凌晨 to 1" when being threatened with a raised voice or raised voice and even getting pulled, and made the threat of a fellow medical student.

Vanishingly, many of these research believe that such mistreatment could be eliminated, at least to some significantly extent, if only medical school acknowledged the behavior, then created institutional anti-mistreatment policies, gave greater attention to the problem, and trained and counseling programs to break the cycle now.

One medical school became a leader in adopting such changes. Meeting in January 2015 at the American Medical Association's annual meeting in Los Angeles, California, began initiating a series of reforms. They adopted policies to prevent sexual harassment and promote a harassment-free environment, established a Gender and Power Abuse Committee, conducted lectures, workshops and training programs for medical students and faculty members, and created an office to accept confidential reports, investigate them and then address them appropriately.

To gauge the effectiveness of this initiative, the school also began asking all students at the end of third year to complete a five-page survey focusing on whether they had experienced such situations and the degree to which.

The school also published the marketing results of the survey over the year, which shows roughly 40 percent of women who have been in such situations and about 20 percent of men who have.

Many described it as roughly 40 percent of women, who have been in such situations, and about 20 percent of men, who have.

"We were really stunned when we saw the results," said Joyce M. Frid, lead author of the paper and university's interim dean in the School of Gender and Power Abuse Committee at the medical school. "We were disappointed that it was as difficult to change.

U.C.L.A.'s initiative is not unique, but in 2015, another medical school

"They are a lot of really good people and I really admire our medical school.

"It wasn't right for them, and it shouldn't be tolerated anymore," she added.