ASSOCIATION OF AMERICAN MEDICAL COLLEGES

PRESERVATION OF STUDENT RIGHTS AND CONFIRMATION OF STUDENT RESPONSIBILITIES: Recommendations and Guidelines for Students from the Organization of Student Representatives

August, 1994

Organization of Student Representatives
Association of American Medical Colleges
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Washington, DC 20037-1126

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Acknowledgements:

Thanks to the American College of Physicians; much of the information for the "Responsibilities" section was taken from ACP's Ethics Manual (second edition) and modified towards students. A few of the modifications were extracted from various medical school Honor Code pamphlets.

The 1993-94 OSR Administrative Board wishes to particularly thank Amy Davis (1990-91 Central Region Chair) and Sondra Bradman (1990-91 Western Region Chair, 1991-92 Representative-At-Large) for their contributions to early drafts of this document.

If you have any questions, or need an additional copy, call Darnell Privott at the AAMC (202-828-0681) or send a written request to:

AAMC, Section for Student Programs, Attn: Darnell Privott
2450 N Street, NW
Washington , DC 20037-1126

I. OSR Recommendations for Prevention of Student Mistreatment

A primary goal of medical schools is the education of physicians who will meet the health care needs of society in a caring, competent, and professional manner. Thus, students are taught more than a series of facts and procedures, but are also socialized into the profession. A profession based on the ideals of service to others should be sensitive to the humanity of its practitioners, especially during training. Insensitivity during training runs counter to the fundamental tenets of medicine and impairs the ability of many physicians to maintain their idealism, caring, and compassion past training into their careers. This affects the quality of patient care as well as collegial relationships.

The case studies presented at the joint plenary on Medical Student Mistreatment, hosted by the Council of Deans, OSR, and Women In Medicine at the 1990 AAMC Annual Meeting in San Francisco, provided illustrations of regular occurrences at medical schools and teaching hospitals across the country. (The case studies are included as an appendix to this document.) Clearly, such undesirable incidents contribute to the dehumanization of students, which leads further to the loss of idealism, caring, and compassion. Simply identifying these occurrences as unacceptable is not a sufficient response. Halting student mistreatment requires a clear definition of student rights and responsibilities, an institution-wide commitment to preserving these rights, and the development of an effective system for responding to student abuse.

The American Medical Association (AMSA) has published a handbook, "Staying in Medical School: Understanding and Preserving Your Rights," that ably delineates student rights and their legal implications. For this reason, the OSR does not provide an outline of rights within this document, but instead refers you to the AMSA publication. Rather, the OSR Administrative Board has developed the following recommendations for institutional approaches to protecting students' rights, remembering that students are in a uniquely vulnerable position when conflicts arise with faculty or the administration. The Board hopes that medical schools will incorporate these recommendations into existing ethics codes and that they will aid in conflict resolution with attention to preserving student rights and dignities.

Spurred by the same issues, the Council of Deans and Group on Student Affairs created a "framework for action" from the administrative/faculty perspective. The document, "reaffirming Institutional Standards of Behavior in the Learning Environment," was approved by the AAMC's Executive Council and disseminated to medical school deans (a copy is attached). the OSR Administrative Board supports that document and offers these recommendations directly to students with the hope that both documents will be utilized extensively by the schools' administrations, faculties, and students to establish a positive environment.

RECOMMENDATIONS

1. Students, faculty, and administration must advocate for a widely disseminated and assiduously implemented policy that addresses student conduct and treatment by:

   - setting forth expected standards of behavior for teachers, administrators, and students;
   - clearly describing examples of inappropriate and unacceptable behavior, such as:
     - physical punishment or physical threats
     - sexual harassment
     - discrimination based on race, religion, ethnicity, gender, age, or physical disability
     - psychological punishment of a student by a particular superior (e.g., public humiliation, threats, intimidation, removal of privileges)
     - grading used to punish rather than to objectively evaluate performance
     - assigning tasks for punishment rather than educational purposes
     - requiring the performance of personal services
     - requiring the performance of tasks irrelevant to the student's education
     - taking credit for another individual's work
     - intentional neglect or lack of communication;
   - delineating procedures for dealing with breaches of the standard while protecting students from possible retribution for complaints. These procedures should include:
     - clearly defined avenues for complaints
     - procedures for investigation
     - protection and maintenance of confidentiality
     - procedures for conflict resolution, including mediation
     - disciplinary measures (sanctions); and
   - outlining a mechanism for prevention and education.

2. In view of a student's right to a safe and healthy workplace, students, faculty, and administration must advocate for a policy concerning infectious diseases, including HIV, TB, and Hepatitis. This policy should be consistent across all clinical sites affiliated with the medical school and provide:

   - a method for informing students, faculty, and administration of the institution protocol prior to exposure;

- an identified contact person at the school in case of exposure or conversion in addition to well-informed clerkship site directors who can aid students through the protocol;
- counseling services; and
- the absolute assurance of confidentiality.

3. The recommendations and guidelines should be included in student handbooks, student orientation, and, where appropriate, codes of ethics.

II. Medical Student Responsibilities -- an OSR guide to understanding for students, the administration, and faculty

As a rule, rights and responsibilities go hand in hand in all facets of life. The OSR Administrative Board believes if we are to effectively address the preservation of student rights, then student responsibilities must be clarified. The following has been adapted from the American College of Physicians' Ethic Manual (1989 edition) and modified towards students. Some modifications were extracted from various medical school honor codes.

Responsibilities:

A student shall be dedicated to providing competent medical service with compassion and respect for human dignity. In all instances, the student must maintain the dignity of the person, including respect for the patient's modesty and privacy.

1. NONDISCRIMINATION

It is unethical for a student to refuse to participate in the care of a person based on race, religion, ethnicity, socioeconomic status, gender, age, or sexual preference. It is also unethical to refuse to participate in the care of a patient solely because of medical risk, or perceived risk, to the student. It is not, however, unethical for the pregnant student to refuse to participate in activities that pose a significant risk to her fetus.

2. CONFIDENTIALITY

The patient's right to the confidentiality of his or her medical record is a fundamental tenet of medical care. The discussion of problems or diagnoses of a patient by professional staff/medical students in public violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the institution, nor is photocopying of the record permitted. For presentations or rounds, students are permitted to extract information but not copy wholesale parts of the chart.

3. PROFESSIONAL DEMEANOR

The student should be thoughtful and professional when interacting with patients and their families. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones.

Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served.

Under pressure of fatigue, professional stress, or personal problems, students should strive to maintain composure. The student should seek supportive services when appropriate.

4. MISREPRESENTATION

A student should accurately represent herself or himself to patients and others on the medical team. Students should never introduce themselves as "Doctor" as this is clearly a misrepresentation of the student's position, knowledge, and authority.

5. HONESTY

Students are expected to demonstrate honesty and integrity in all aspects of their education and in their interactions with patients, staff, faculty, and colleagues. They may not cheat, plagiarize, or assist others in the commission of these acts. The student must assure the accuracy and completeness of his or her part of the medical record and must make a good-faith effort to provide the best possible patient care. Students must be willing to admit errors and not knowingly mislead others or promote himself or herself at the patient's expense. The student is bound to know, understand, and preserve professional ethics and has a duty to report any breach of these ethics by other students or health care providers through the appropriate channels. The student should understand the protocol of these channels.

6. CONSULTATION

Students should seek consultation and supervision whenever their care of a patient may be inadequate because of lack of knowledge and/or experience.

7. CONFLICT OF INTERESTS

When a conflict of interest arises, the welfare of the patient must at all times be paramount. A student may challenge or refuse to comply with a directive if its implementation would be antithetical to his or her own ethical principles, when such action does not compromise patient welfare.

Gifts, hospitality, or subsidies offered by medical equipment, pharmaceutical or other manufacturers or distributors should not be accepted if acceptance would influence the objectivity of clinical judgement. Student interactions with commercial interests should conform to the American Medical Association (AMA) guidelines.

8. SEXUAL MISCONDUCT

The student will not engage in romantic, sexual, or other nonprofessional relationships with a patient, even at the apparent request of a patient, while the student is involved with the patient's care. The student is not expected to tolerate inappropriate sexual behavior on the part of other medical personnel or patients.

9. IMPAIRMENT

The student will not use alcohol or drugs in a manner that could compromise patient care. It is the responsibility of every student to protect the public from an impaired colleague and to assist a colleague whose capability is impaired because of ill health. The student is obligated to report persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence, or who engage in fraud or deception. Such reports must conform to established institutional policies.

10. CRITICISM OF COLLEAGUES

It is unethical and harmful for a student to disparage without good evidence the professional competence, knowledge, qualifications, or services of a colleague to a review (judicial) body, staff, students, or a patient. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a colleague without tangible evidence.

Professional relations among all members of the medical community should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be avoided, and each person should recognize and facilitate the contributions of others to the community.

The medical student will deal with professional, staff, and peer members of the health team in a cooperative and considerate manner.

11. RESEARCH

The basic principle underlying all research is **honesty**. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Coauthors of research reports must be well enough acquainted with the work of their coworkers that they can personally vouch for the integrity of the study and validity of the findings, and must have been active in the research itself.

Plagiarism is unethical. To consciously incorporate the words of others, either verbatim or through paraphrasing, without appropriate acknowledgement is unacceptable in scientific literature.

12. EVALUATION

Students should seek feedback and actively participate in the process of evaluating their teachers (faculty as well as housestaff). Students are expected to respond to constructive criticism by appropriate modification of their behavior.

When evaluating faculty performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language, or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

13. TEACHING

The very title "Doctor" -- from the Latin *docere*, "to teach" -- implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those entering this profession to teach what they know of the science, art, and ethics of medicine. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

The following are not specific responsibilities of students; they are physicians' responsibilities, although students are frequently asked to take these on.

14. DISCLOSURE

In general, full disclosure is a fundamental ethical requirement. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, there should be full disclosure to the patient's authorized representative.

15. INFORMED CONSENT

Student are to understand the importance of the obligation to obtain informed consent from patients, but are not responsible for obtaining such consent. It is the physician's responsibility to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient's medical condition, the objectives of proposed treatments, treatment alternatives, and risks involved. The physician's presentation should be understandable and unbiased. The patient's or surrogate's concurrence must be obtained without coercion.

APPENDIX

A. CASE STUDIES

Case 1

Katherine felt as if she were moving in slow motion. She had been on call the night before and had slept for a total of two hours. With the help of her favorite drug, caffeine; she was able to get all of her work done and would be able to go home as soon as the afternoon class was over.

The lecture was on appendicitis. Katherine had recently admitted a patient with this diagnosis and was extremely interested in the material. But when the lights went off and the slides came on, she could no longer keep her eyes open. She leaned her head against the wall and fell asleep. Somewhere in a fog, Katherine heard a patient calling her name, "Dr. Williams, Dr. Williams". Suddenly she awoke to discover that it was not a patient but her professor who as glaring at her and calling her name.

"Dr. Williams, if you feel that you know this information so well that you can sleep through my class, then maybe you would like to give this lecture yourself. If you do not feel capable of that, I would ask you to kindly stay awake. If that is too much to ask of you, then maybe you would prefer to excuse yourself and go home."

Although going home was exactly what Katherine wanted to do after being so humiliated in front of her classmates, she managed to stay awake for the rest of the lecture.

Case 2

Mike was just beginning his long-awaited third year of medical school. The dream of finally making it to the wards had kept him going through many long nights of study during the first two years. His first clinical rotation was OB-GYN, and he was scheduled to begin at 6:00 a.m. on the GYN floor. Upon arrival, Kevin, the chief resident, assigned Mike a patient that had been admitted the night before and instructed him to be prepared to present the case during rounds at 6:30. As Mike reviewed the chart, he noticed that a CBC (complete blood count) had not been ordered and mentioned this to Kevin.

Kevin remarked that there was no reason to believe the values would be abnormal and told Mike to report the CBC as being within normal limits. As Kevin was writing the order for the necessary CBC, he explained to Mike that their attending this month was a real stickler for a complete lab evaluation. If Mike didn't want to say that the CBC was normal, Kevin would; but he also made it clear that Mike should not challenge him about the CBC in front of the attending.

"The first rule you should learn about survival on the wards," Kevin informed his new student, "is that you should never make your resident look bad in front of the attending."

Case 3

Jill, a fourth year medical student, was interested in neurosurgery. She was an extremely competitive applicant, ranked in the top 5 in her class as well as being in AOA. She had outstanding recommendations and was advised to shoot for the top residency programs. When interviewing at institution X, she was questioned intensely about her marital status and desire to have children. She was told upfront that the program did not like to accept women, and she would have a better chance looking elsewhere.

After such an experience, Jill was obviously no longer interested in that particular program but was infuriated to have been treated as if she were an inferior applicant. She reported the incident to the Dean of Student Affairs to seek advice on what action she should take.

Knowing that confronting the residency program director would have a detrimental effect on future applicants to that program from his school, the Dean was hesitant to act. He merely advised Jill to forget that program and rank others instead.

Case 4

After receiving a B on his first biochemistry exam, John realized that he needed to change his focus of study. To do really well on the types of multiple-choice questions being asked, he must study to recognize details rather than focus on major concepts.

"After all," he reasoned, "National Boards are going to be this detailed. At least that is what the professors keep telling us. Not only must I pass them to go on to the third year, I need to do well since I want to go into ophthalmology." (The word had filtered down to John that the more competitive residencies looked closely at these scores to screen applicants.)

After going through his own notes, the transcripts and referring to the suggested text, he noticed that there were some areas of discrepancy which he as unable to reconcile. The next day he stopped by the course director's office to ask a few questions. As John began to ask his questions, the professor, obviously agitated, interrupted him.

"You medical students are all alike," he growled, "always focusing on minutia, only concerned about what is going to be on the test or worse, on the boards. Why don't you ever come to me with really interesting, conceptual questions? You only care about your grades."

The professor continued, "In my opinion that is what is wrong with medicine today - the people we let into this profession are not intellectual. They only care about their evaluations."

18 months later...when John received his board scores, he was particularly pleased that he had done so well in biochemistry. A few weeks later he ran into Dr. Jones who stopped him in the hall.

"John, I reviewed your class's biochemistry board scores the other day," he said. "The class average was 10 points above last year's class, and I noticed that you had one of the highest scores. Congratulations! What we need at this medical school are more bright minds like yours!"

B. REAFFIRMING INSTITUTIONAL STANDARDS OF BEHAVIOR IN THE LEARNING ENVIRONMENT

The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective, caring, and compassionate health care. The development and nurturing of these attitudes is enhanced and, indeed based on the presence of, mutual respect between teacher and learner. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.

While these goals are primary to a school's educational mission, it must be acknowledged that the social and behavioral diversity of students, faculty, residents, and staff, combined with the intensity of the interactions between them, will, from time to time, lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, physical handicap or age; humiliation, psychological or physical punishment, and the use of grading and other forms of assessment in a punitive manner. The occurrence, either intentional or unintentional, of such incidents results in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner.

The diversity represented by the many participants in the learning process requires the medical school to reaffirm, on a periodic and regular basis, its expectations of faculty, students, residents, and staff. The setting forth of the institution's standards of behavior should be undertaken in a manner that encourages the exchange of ideas among all who participate in the learning process. This process of codifying acceptable behavior should encourage recognition of the nuances of interpersonal behavior such that individuals are sensitive to the interpretation of their actions. Clear examples of appropriate and inappropriate behavior, particularly in regard to the interaction between teacher and learner, should be delineated and disseminated to faculty, students, residents, and staff. The establishment of standards of behavior should reinforce the institution's commitment to the tenets of acceptable professional behavior and the assurance of dignity in the learning environment.

In addition to the establishment of standards of behavior, medical schools also should establish mechanisms and institutional procedures of dealing with behavior that is not in keeping with institutional expectations. These procedures should include:

(1) a non-threatening and easily accessible mechanism for the submission and processing of reports or allegations;
(2) a means of determining if further investigation is warranted;
(3) equitable methods of investigating and adjudicating complaints;
(4) guarantees of rights of due process; and
(5) appropriate protection for complainant and accused.

The school should have a specific written policy for the provision of confidential counseling to students, faculty, residents and staff. Schools should develop mechanisms that will serve to ensure the observance of the institutions's standards of acceptable behavior.