ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Appropriate Treatment in Medicine (ATM)

A Compendium on Medical Student Mistreatment

A Project of the AAMC Group on Student Affairs
Spring, 2000

12 Steps to Success:

1. Agree that treating others with respect is what this is all about.
2. Legitimize the importance of this issue by asking the Dean for a statement.
3. Review your school's GQ data on student mistreatment for the past several years.
4. Establish a committee that is broadly representative of the academic community to define abuse and draft a Standards of Conduct Statement.
5. Focus on the theme of respect for the roles of teacher and student in the learning process.
6. Think positively – that is, how to treat others with respect —- rather than focusing on the punitive.
7. Everyone needs to know the rules.
8. Everyone needs to be held to the same standards.
9. Even though everyone agrees to treat everyone with respect, someone will err at some point in the future, so you need an adjudication process that is fair.
10. View ATM as the "appropriate culture" at your school. Be a leader. Spread the word!
11. Develop ongoing educational programs that assume that everyone wants to treat everyone with respect.
12. Provide for evaluation and continual improvement of ongoing programs.

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This compendium is a project of the AAMC Group on Student Affairs. In response to the new LCME Accreditation Standard on Student Mistreatment, the GSA Steering Committee identified this project as a National Project for 1998-99. The compendium was researched and written by the following individuals:

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While the terms "mistreatment," "harassment," and "abuse" are each used to describe the behavior that is the subject of this compendium, the authors have chosen to use the term "mistreatment."

Please feel free to contact any of the authors listed above or school contacts cited in the compendium. We wish you well in your ongoing efforts. We are all committed to helping you develop successful programs that can prevent student abuse, mistreatment, and harassment.

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I. INTRODUCTION

ATM - Appropriate Treatment in Medicine

The theme of this compendium is *Appropriate Treatment in Medicine (ATM).* In a profession in which the Oath of Hippocrates pledges physicians to "...do no harm" in the care of their patients, it is important that all involved in the medical education process set as a goal the maximization of learning, including appropriate treatment of both learners and teachers in the education process. Like a bankcard, ATM provides access to a rich reservoir of priceless currency that will support and enrich program and policy development at each school in this important area.

This project was undertaken by the AAMC's Group on Student Affairs in response to the newly approved accreditation standard of the Liaison Committee on Medical Education (LCME):

> *Each medical school or its parent university should define the standards of conduct in the teacher-learner relationship. Schools should develop and widely promulgate written procedures that allow medical students to report violations of these standards – such as incidents of harassment or abuse – without fear of retaliation. The procedures also should specify mechanisms for the prompt handling of such complaints, and for the educational methods aimed at preventing student mistreatment.*

Setting standards, both for conduct and for academic achievement, is a significant step in the educational process. In any discipline, a student must master certain factual content as well as develop facility with certain skills in order to succeed in the field. And in medicine, the learning curve is steep. In medical education, careful consideration must be given to ensuring the safety and well-being of patients. Holding students to standards of performance determined by the faculty is an important component of a good educational program. Equally important is the even-handed application of these standards to all students. A student who does not meet performance standards needs to be informed of his/her deficits as well as the consequences. None of this is mistreatment. In fact, it is critical to the elimination of mistreatment that faculty and students understand what the standards are and that each student will be held to the same standard.

Standards of conduct between the teacher and the learner, which evoke an environment of mutual trust and understanding, contribute to developing an environment that supports the learning process. About 10 years ago, the medical education community began hearing reports regarding alleged incidents of "student mistreatment." As with educational standards, when all participants understand standards of behavioral conduct between the teacher and learner and when all participants are held to the standards, an environment is established that enhances both learning and professional development. Abuse or "student mistreatment" occurs when the bond between teacher and student deteriorates into disrespect. Hence, the authors' approach to this compendium is to encourage *appropriate treatment in medicine (ATM).* When *ATM* is used, students and teachers have mutual respect for each other and the learning process is a collegial one. Learning is enhanced, and the health and welfare of patients are enhanced as a result.

II. BACKGROUND

In the nineteenth and early twentieth centuries, accepted educational methodology held that students learn from their mistakes and that a harsh and demanding environment leads to better learning. *Boys in White,* a 1961 book by Becker, Geer, Hughes, and Straus, chronicles the rites of passage of medical students in the late fifties and early sixties in an educational environment that was harsh and demanding.[1] Today, educators recognize that these techniques are not useful educational methods and that learning occurs faster and more effectively in an environment that focuses on the learner's needs.[2]

Since 1960, medical school classes have become significantly more diverse. In 1960, nearly all medical students were white males in their early twenties, coming directly from undergraduate college to medical school. In 1998-99, nearly half (44.4%) of all entering students are women. 19.0% are of Asian descent; 8.1% of African American heritage; 2.7% of Mexican American background, 2% of Puerto Rican background, 1% of Native American heritage, and 1.9% of other Hispanic descent. Among entering medical students today, 42% are over the age of 25 at the time of matriculation; 12.7% are age 29 or older at matriculation. Faculties are, in general, much less diverse. Senior physicians and those in leadership positions at most medical schools are most frequently white males. Differences in life experiences and backgrounds between teachers and learners may lead to differences in expectations about what constitutes appropriate behavior, which makes clear communication of institutional standards very critical.

Kassebaum and Cutler, utilizing AAMC Graduation Questionnaire (GQ) data on student mistreatment, found that women and underrepresented minority students report a higher incidence of public humiliation than do others.[3] Discrimination and/or harassment based on ethnicity, gender, religion, age, and sexual orientation are each prohibited by federal law. When certain groups report the occurrence more frequently than others do, the ground is laid for allegations of discrimination.

In 1990 and 1991, published studies by Silver[4,5], Baldwin[6], and others[7,8] reported that a substantial proportion of medical students perceived themselves to have experienced mistreatment during medical school. Subsequently, the Association of American Medical Colleges (AAMC) included questions regarding student mistreatment in its annual Graduation Questionnaire (GQ) that all medical students are asked to complete during their last year of medical school to provide uniform, national data on this matter as well as numerous other topics related to their educational experiences. Data from this instrument have shown, consistently, that mistreatment does occur and that gender, ethnic background, and/or sexual orientation are often involved. GQ results are discussed in greater detail in Chapter III.

1 Becker HS, Geer B, Hughes EC, Straus AL. Boys in White: Student Culture in Medical School. Chicago, IL: University of Chicago Press, 1961.
2 Skinner BT. The Technology of Teaching. New York: Appleton-Century-Crofts, 1968.
3 Kassebaum DG and Cutler ER. On the culture of student abuse in medical school. Acad Med. 1998 Nov;73(11):1149-58.
4 Silver HK, et al. Medical student abuse. Incidence, severity, and significance. JAMA. 1990 Jan 26;263(4):527-32.
5 Rosenberg DA, Silver HK. Medical student abuse. An unnecessary and preventable cause of stress. JAMA. 1984;251:739-42.
6 Baldwin DC, Daugherty SR, and Eckenfels EJ. Student perceptions of mistreatment and harassment during medical school: a survey in 10 United States schools. 1991 West J Med. 155:140-145.
7 Sheehan KH, et al. A pilot study of medical student 'abuse.' Student perceptions of mistreatment and misconduct in medical school. JAMA. 1990 Jan 26;263(4):533-7.
8 Wolf TM, Randall HM, von Almen K, Tunes LL. Perceived mistreatment and attitude change by graduating medical students: a retrospective study. Med Educ. 1991;25:182-90.

Concurrent with the initiation of student mistreatment questions on the GQ, the AAMC, through the Group on Student Affairs (GSA), discussed ways to encourage schools to identify and eliminate student mistreatment. Recognizing this issue as an educational one, the GSA developed a guideline document, *Reaffirming Institutional Standards of Behavior in the Learning Environment.* This document, endorsed by the AAMC Executive Council in June 1992, states that the medical education environment should foster student acquisition of professional qualities necessary for effective, caring and compassionate patient care. Nurturance of these qualities depends on mutual respect between teacher and learner. The document notes the increased diversity of medical school classes as an additional component that requires the school to reaffirm regularly its expectations of faculty, students, residents, and staff. The document recommends that each school develop standards of conduct as well as mechanisms to ensure the observance of these standards (Appendix A).

In 1999, the Liaison Committee on Medical Education (LCME) established a new LCME Standard on Student Mistreatment:

> *Each medical school or its parent university should define the standards of conduct in the teacher-learner relationship. Schools should develop and widely promulgate written procedures that allow medical students to report violations of these standards – such as incidents of harassment or abuse – without fear of retaliation. The procedures also should specify mechanisms for the prompt handling of such complaints, and for the educational methods aimed at preventing student mistreatment.*

The AAMC's Organization of Student Representatives (OSR) sponsored a session at the 1998 Annual Meeting entitled, "Draw the Line."[9] This project, led by OSR Administrative Board member Demetre Daskelakis, won enthusiastic endorsement from the full OSR Administrative Board. At this interactive session, a number of scenarios depicting the interaction of students with peers, residents, and faculty were presented on individual posters. Participants used different pen colors, depending on their role in medical education, to comment on the situation described, to state whether or not abuse had occurred, by whom, and what should be done. This exercise was attended by a significant cross-section of Annual Meeting participants and drew enthusiastic praise. It has subsequently been packaged by AAMC into "Draw the Line" kits that a school may obtain from AAMC to conduct a program at the medical school *(contact Lisa Gordinier, OSR Staff Director, 202-828-4682 or lgordinier@aamc.org).*

In 1998, the AAMC Group on Student Affairs (GSA) undertook a National Project, *Standards of Conduct in the Teaching and Learning Environment: Avoiding Student Harassment/Abuse/ Mistreatment.* This project focused on appropriate approaches for the prevention of student mistreatment in U.S. medical schools. The objectives of the project were:

- to heighten the awareness of medical school administrators and faculty to this issue;
- to provide suggested approaches to assist medical schools in defining abuse/ harassment/mistreatment;
- to provide examples of educational programs, policy statements, and definitions that other schools have found useful.

The overall goal of the project was to provide all medical schools with a compendium of ideas that will be useful at the individual school level in eliminating all student mistreatment.

[9] Drawing the line on student abuse. AAMC Reporter. 1999 Jan 8(4). www.aamc.org/newsroom/reporter/jan99/start.htm.

III. AAMC GRADUATION QUESTIONNAIRE

First administered in 1978, AAMC's Medical School Graduation Questionnaire (GQ) provides an opportunity for all graduating medical students in the United States to provide feedback on their medical education. Since its inception, the GQ has been administered in a manner that assures the confidentiality of individual student responses so the data obtained from the GQ are candid and representative of the experiences of medical students.

Data from the GQ are processed for each individual medical school and across schools for a national aggregate. These data are then reported to each participating school in the United States. In 1999, more than 12,700 responses (over an 80% response rate) were received, and reports were returned to 125 medical schools eight weeks after data collection was completed.

Medical schools use the GQ results as an important component in the ongoing evaluation of their educational programs. The 2000 version of the Web-based GQ consists of 40 questions assessing more than 200 items covering a wide variety of topics. These include student demographics, education experiences, student support programs, and problems such as student mistreatment.

Since 1990, the GQ has included questions about student mistreatment in alternate years. The wording of the questions regarding student mistreatment has changed over time to reflect changing concerns about mistreatment issues, and in 1996, a change was made to provide greater clarity and focus. Since 1996, the questions have changed only slightly, and as a result, trend analysis can be performed with these mistreatment data. This chapter compares 1996 and 1999 data from the mistreatment section of the GQ.

Comparison of GQ student mistreatment data for the 1996 graduating class with data for the 1999 graduating class indicates that the reports of student mistreatment problems have increased. Possibly, tolerance for mistreatment is decreasing among students, leading to increased reports. Possibly, perceived definitions of mistreatment have broadened. Finally, today's environment may be one in which there is declining fear of retaliation.

- Looking first at **general mistreatment**, 38.3% of respondents in 1996 reported being belittled in medical school in comparison with almost half the graduating class (48.9%) in 1999 (fig. 1).

- Data describing **sexual harassment** also indicate an increase of perceived mistreatment between 1996 and 1999. While 4.3% of all respondents in 1996 reported being denied opportunities because of gender, this proportion had doubled by 1999 to 8.7% of respondents. Similarly, 8.7% of 1996 respondents reported being the subject

of offensive remarks based on gender; by 1999, this proportion had risen to 12.5%. In 1996, 6.1% of respondents believed they received lower evaluations because of their gender, while in 1999, the percentage had risen to 10.2% (fig. 2).

- Data describing **racial/ethnic harassment** show a similar pattern. While 2.7% of 1996 respondents reported believing they were denied opportunities because of their racial or ethnic background, this proportion more than doubled and rose to 6.6% in 1999. Similarly, 3.8% of respondents reported being subjected to racially or ethnically offensive remarks in 1996; by 1999, this proportion had risen to 7.2%. In addition, 2.9% of all respondents in 1996 believed they had received lower evaluations because of their race or ethnicity; by 1999, this percentage had risen to 5.7% (fig. 3).

- Data describing **sexual orientation harassment** also indicate an increased incidence of mistreatment perceived by medical students. While the overall proportions in this category of mistreatment are small, these data likely describe a smaller pool of respondents, compared with all students. The overall pattern is what is important, and it parallels the results reported above. Students who reported that they were denied opportunities because of their sexual orientation constituted 0.4% (1996) and 0.8% (1999) of all seniors who responded. Being the recipient of offensive remarks related to sexual orientation was reported by 0.9% of the 1996 respondents and 1.4% of 1999 respondents. Belief that lower evaluations were related to sexual orientation was reported by 0.4% of respondents in 1996 and 0.8% of respondents in 1999 (fig. 4).

Although it is possible that the increased attention to this topic has led to increased reporting, the data are still noteworthy. The perception of mistreatment is on the rise. GQ data from 1999 show that students today are less likely to report incidents of mistreatment than in 1996. In 1996, 26.9% of graduating medical students responding to the GQ indicated that they had reported mistreatment. In 1999, this proportion fell to 12.4%. When mistreatment is reported, however, it continues to be more likely to be reported to a faculty member than to the Dean of Students. In 1996, 16.6% of students responded that they had reported mistreatment to the Dean of Students; in 1999, this percentage was 3.8%. In 1996, 25.6% of students responded that they had reported student mistreatment to a faculty member; in 1999, this proportion was 6.7% (fig. 5).

GQ data also suggest who initiates the abuse. Figures 6 and 7 compare 1996 and 1999 and show that the clinical setting is the dominant arena in which mistreatment occurs. Clinical faculty, residents, and nurses are identified as the main perpetrators of mistreatment.

There is some good news amidst the numbers described in this chapter. GQ data from 1999 suggest that many students are satisfied with the application of the procedures to prevent mistreatment at their schools (fig. 8).[10] Specifically, students were asked to rate whether their schools:

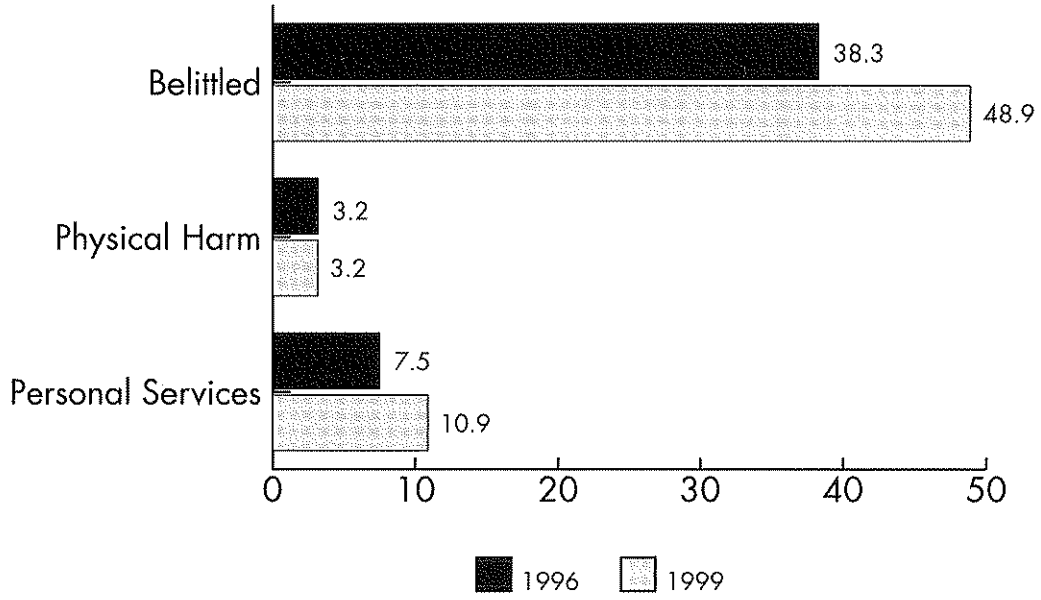
- provided a non-threatening and easily accessible mechanism for the submission and processing of their complaint(s);
- objectively determined if further investigation was warranted;
- equitably investigated and adjudicated complaint(s); and
- appropriately protected their rights.

[10] The rating scale used was 1 = very satisfied to 5 = very dissatisfied. A "3" indicated no opinion/indifferent, thus a mean close to 3.0 is rated as indifference (neither satisfied nor dissatisfied) to mistreatment procedures.

More students are either very satisfied or satisfied than dissatisfied with the procedures at their schools. The number of students who are neither satisfied nor dissatisfied, however, bears some comment. Are these students truly neutral or indifferent, or are they simply unaware of the procedures that exist? In either case, these data, coupled with those indicating 25 – 35% of students are dissatisfied with the approach taken by their schools, indicate much work remains to be done.

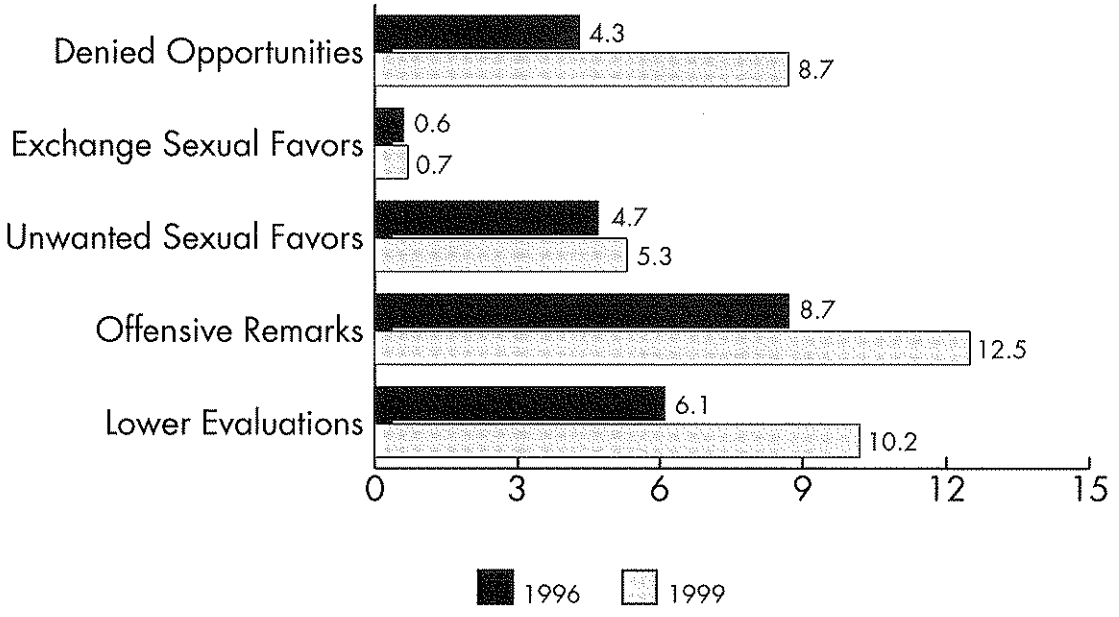
As initiatives to improve upon current mistreatment procedures and reduce student abuse proceed, data from the GQ can aid in the evaluation of those efforts. Data can be analyzed by administrators, evaluators, and researchers at individual medical schools and compared with the national figures provided by the AAMC. These evaluation analyses can take a number of forms: quantitative data review and trend analysis as well as analysis of the GQ's qualitative data. Review of GQ quantitative data informs the faculty and administration of mistreatment issues and allows them to take proactive steps to head off future problems. Figures 7 and 8 are examples of data that could be reviewed for this purpose. Trend analysis of these data can inform the administration of positive and negative trends at the medical school, such as those shown in figures 1-4. Such analysis lends additional power to proactive management strategies. Additional analysis can also be obtained from teasing out elements of mistreatment in qualitative data collected by the GQ. Each year, the last question on the GQ is open-ended and invites students to discuss the strengths and weaknesses of their medical school experience. Elements of mistreatment, covering its sources, severity, and consequences, may be found in the free text penned by students.

Figure 1: Medical Student Mistreatment 1996 and 1999
General Mistreatment



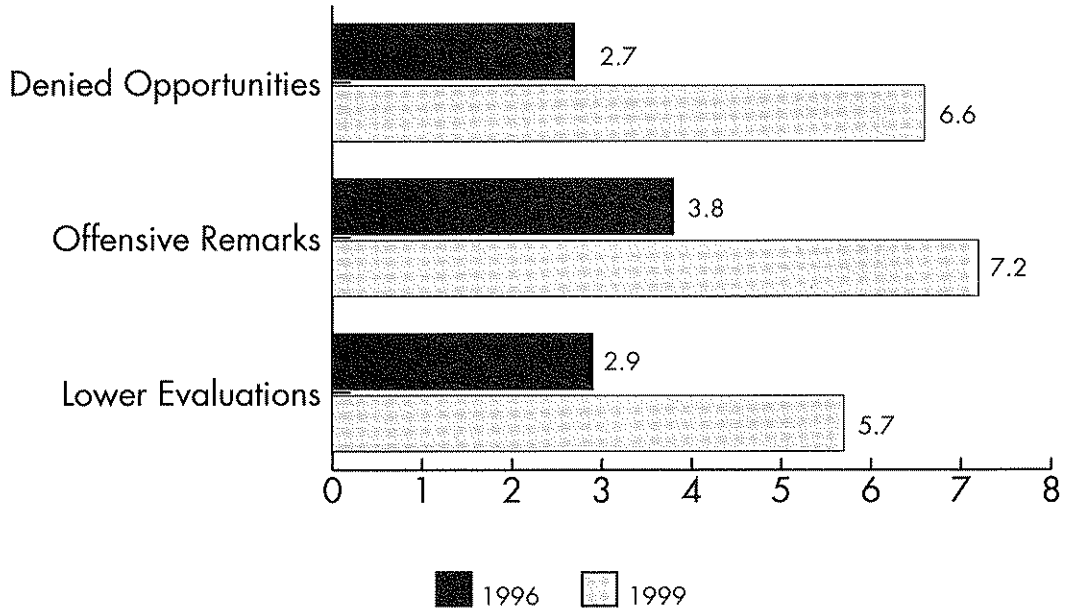
Source: AAMC Medical School Graduation Questionnaire

Figure 2: Medical Student Mistreatment 1996 and 1999
Sexual Harassment



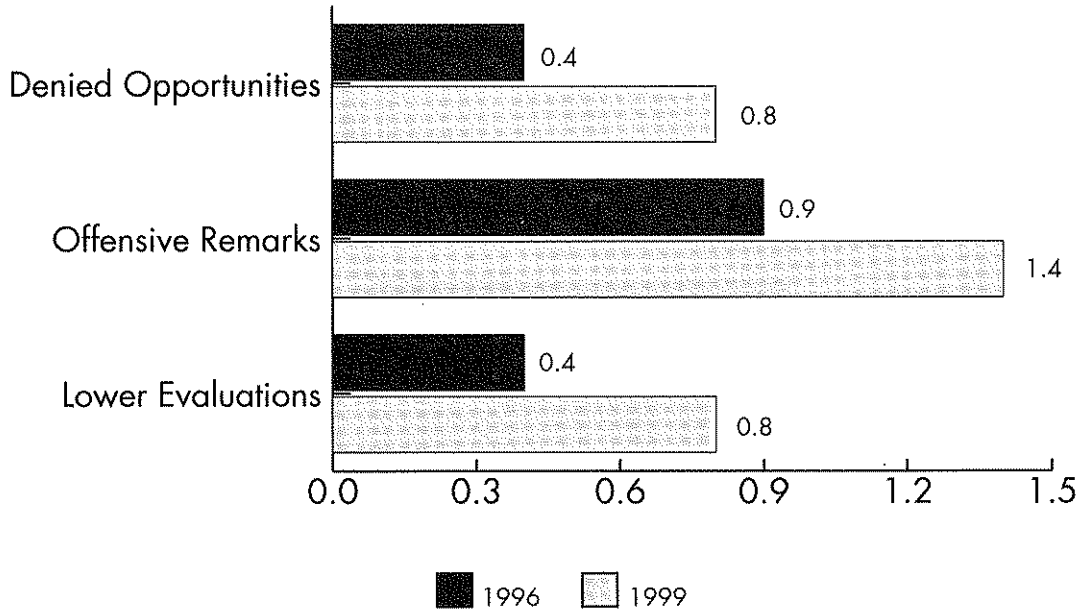
Source: AAMC Medical School Graduation Questionnaire

Figure 3: Medical Student Mistreatment 1996 and 1999
Racial/Ethnic Harassment



Source: AAMC Medical School Graduation Questionnaire

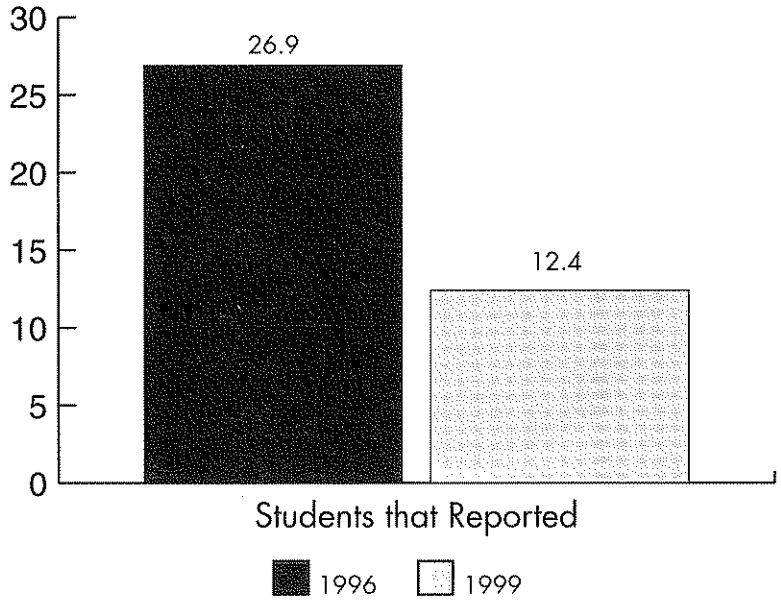
Figure 4: Medical Student Mistreatment 1996 and 1999
Sexual Orientation Harassment



Source: AAMC Medical School Graduation Questionnaire

Figure 5: Medical Student Mistreatment 1996 and 1999

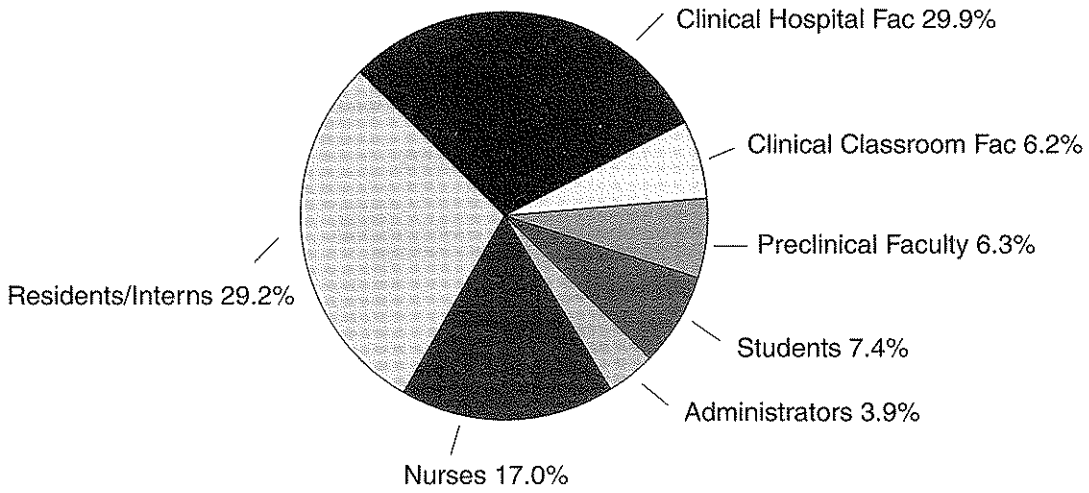
Percentage of Students Reporting Mistreatment



Source: AAMC Medical School Graduation Questionnaire

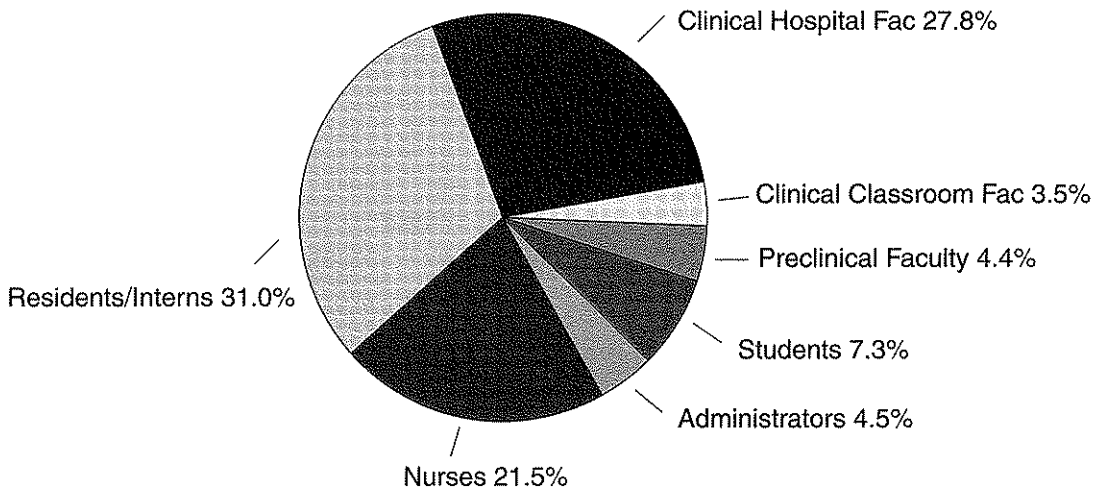
Figure 6: Medical Student Mistreatment 1996

Who Mistreated Students



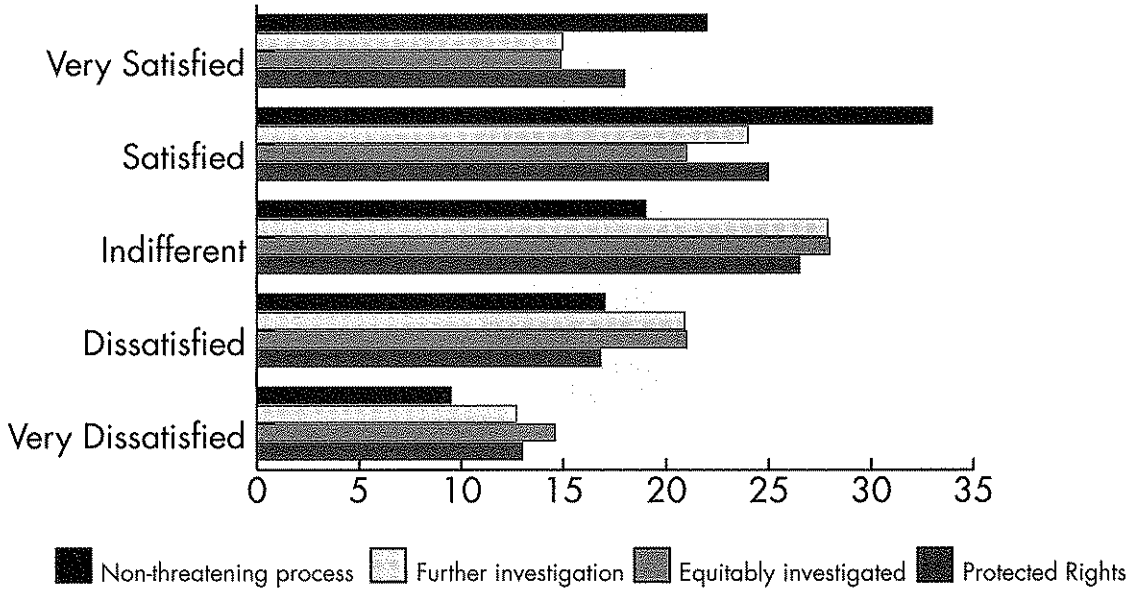
Source: AAMC Medical School Graduation Questionnaire

Figure 7: Medical Student Mistreatment 1999
Who Mistreated Students



Source: AAMC Medical School Graduation Questionnaire

Figure 8: Satisfaction with Mistreatment Procedures
Graduating Medical School Student Rating



Source: AAMC Medical School Graduation Questionnaire

IV. RESULTS OF 1999 SURVEY OF SCHOOLS

In spring 1999, all GSA Student Affairs Representatives were surveyed to determine

- What written Standards of Conduct statements are currently in use at U.S. schools?
- How do schools define abuse?
- What reporting and adjudication procedures are in place at U.S. medical schools to handle alleged incidents of abuse?
- What methods are used for conflict resolution?
- What is the frequency of reported cases of abuse that are (a) gender-related, (b) ethnic related, (c) sexual orientation related, (d) physical abuse, and (e) other types?
- What educational programs are in place to prevent/reduce student abuse?

Responses were received from 46 of 125 U.S. medical schools. The GSA Project Team analyzed the results from the survey and concluded that, while the low response rate, particularly on quantitative data, precluded statistical analysis, many excellent ideas were submitted that would be helpful to schools. The Project Team decided to organize the submitted materials into this compendium.

Standards of Conduct: Among responding schools, 69.6% indicated that the school had a written Standard of Conduct for individuals involved in the teaching and learning environment. Of responding schools, 26.1% reported no document and 4.3% did not answer this question. Characteristic components of these statements are discussed in Chapter V.

Definition of Abuse: Nearly half of the respondents (43.5%) submitted a definition of gender harassment only. Comparison of these statements suggested that they were developed with reference only to the Equal Employment Opportunity Commission (EEOC)'s regulations that define gender harassment. A few schools (26.1%) had defined "abuse" more broadly. Selected examples of these broader definitions of abuse appear in Chapter VI of this compendium.

Policy Statements: Examination of the policy documents submitted by responding schools indicates that all responding schools have policy statements that specify the adjudication procedures to be used when a formal complaint of mistreatment is made. Common characteristics of these policies include:

- encouragement of informal resolution of the matter between the two parties;
- a time frame for introducing a complaint;
- submission of a complaint to a neutral party, a Grievance Officer, for example;
- informal mediation;
- a conflict resolution committee that meets, hears from both parties, and recommends a resolution;
- confidentiality for all parties throughout the process.

Frequency of Abuse/Mistreatment/Harassment: Most schools were unable to provide any quantitative data regarding the frequency of student mistreatment. GQ results indicated that many students do not report mistreatment to officials in the dean's office. Developing an effective, safe process by which a student may discuss a situation of perceived abuse and avenues of resolution is an important component of any school's anti-abuse program. This is the subject of Chapter VII.

Educational Programs: A number of schools submitted descriptions of educational programs that have been used successfully at their institution. These educational programs are incorporated into Chapter VIII of this compendium.

V. COMPONENTS OF A SCHOOL STANDARDS OF CONDUCT STATEMENT

Standards of Conduct Statement in the Appropriate Treatment of Medical Students in the Educational Setting

Introduction:

Medical schools are responsible for providing an educational environment where respect for the dignity and diverse backgrounds, personalities, and learning needs of individual students and instructors is a priority. Integral to this goal are the appropriate selection and training of teachers in order to provide students with a supportive and respectful learning situation, while recognizing that medical students and others with whom they interact during the course of their education may encounter situations that are stressful and difficult to negotiate. Students need to know that if they are subject to mistreatment by anyone charged with training them during the course of their medical education, they can make good-faith complaints without fear of retribution at any time.

Components of Standards of Conduct:

The components of a medical school's policy should include, but not be limited to:

- ***an institutional ethos generated from the executive officials that is intolerant of the abusive treatment of students and an institutional statement of expected behavior;***

  Boston University School of Medicine:

  To achieve its goals of excellence in education, patient care and research, it is important for Boston University School of Medicine to recognize and respect the dignity and the diverse backgrounds, personalities and needs of individual learners and teachers. The School of Medicine strives to provide an educational environment that is both supportive and respectful to all, recognizing that medical students and others with whom students interact in the course of their education may encounter situations that are stressful and difficult to negotiate.

  University of Chicago Pritzker School of Medicine:

  The Pritzker School of Medicine at the University of Chicago is committed to maintaining an academic and clinical environment in which faculty, fellows, residents and students can work together freely to further education and research and provide the highest level of patient care, whether in the classroom, the laboratory or the clinics. The School's goal is to train physicians to meet high standards of professionalism and practice in an environment where effective, human and compassionate patient care is demanded and expected. To this end, the School recognizes that each member of the medical school community should be accepted as an autonomous individual and treated civilly,

without regard to his or her race, color, religion, sex, sexual orientation, national or ethnic origin, age, disability or any other factor irrelevant to participation in the activities of the School. Diversity in background, outlook and interest among faculty, fellows, residents, students and patients inherent in the practice of medicine, and appreciation and understanding of such diversity is an important aspect of medical training. As part of that training, the School strives to inculcate values of professional and collegial attitudes and behaviors in interactions among members of the School community and between these members and patients and their families.

Vanderbilt University School of Medicine:

In practice, physicians are held to high standards of professionalism and patient care. 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 requires mutual respect between teachers (including faculty, residents and staff) and students, and between each student and his or her fellow students.

- ***examples of abusive treatment of students as defined by their institution;***

Boston University School of Medicine:

Abusive treatment of students can occur in a variety of forms, and may seriously impair learning. Examples of abusive treatment of students include, but are not limited to: public berating and humiliation; intellectual bullying (also known as "pimping"); deliberately and repeatedly excluding students from reasonable learning opportunities; and asking students to carry out personal chores or tasks to cull favor or to avoid explicit or implicit criticism....

East Tennessee State University School of Medicine:

Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as violence, sexual harassment or inappropriate discrimination based on personal characteristics must never be tolerated. Other behavior can also be inappropriate if the effect interferes with professional development. Behavior patterns such as making habitual demeaning or derogatory remarks, belittling comments or destructive criticism fall into this category. On the behavioral level, abuse may be operationally defined as behavior by medical school faculty, residents, or students, which is consensually disapproved by society and by the academic community as either exploitative or punishing. Examples of inappropriate behaviors are: (a) physical punishment or physical threats, (b) sexual harassment, (c) discrimination based on race, religion, ethnicity, sex, age, sexual orientation and physical disabilities, (d) repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges), (e) grading used to punish a student rather than to evaluate objective performance, (f) assigning tasks for punishment rather than to evaluate objective performance, (g) requiring the performance of personal services, (h) taking credit for another individual's work, (I) intentional neglect or intentional lack of communication.

Vanderbilt University School of Medicine:

Mutual respect between student and teacher, and between fellow students, may be expressed in many ways but all interactions shall include honesty, fairness and evenhanded treatment. Behavior which is inimical to the development of mutual respect shall be prohibited. Such behavior may include but is not limited to: (1) harassment of a sexual nature; (2) discrimination or harassment based on race, sex, religion, color, national or ethnic origin, age, disability, military service or being perceived as homosexual, heterosexual, or bisexual; (3) grading, promoting or otherwise evaluating any student on any basis other than that student's performance or merit.

- ***prevention through the appropriate hiring and training of the individuals charged with teaching;***

University of California, Los Angeles:

As teachers, the professors encourage the free pursuit of learning of their students. They hold before them the best scholarly standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to assure that their evaluations of students reflects each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or significant academic or scholarly assistance from them. They protect their academic freedom." (AAUP Statement, 1966; Revised 1987) (from UCLE University Policy on Faculty Conduct and the Administration of Discipline)

- ***guidelines for the development of prevention programs;***

Boston University School of Medicine:

The Committee [on Student Treatment reports] as follows: (1) A semi-annual e-mail "newsletter" to students outlining general areas of awareness and progress; reminding students of the Committee's existence, charge and membership; and informing students about how (and for what) to approach the Committee or one of its members. (2) A web-based "newsletter," similar in content to #1 above, located on the Office for Student Affairs web site, directed to students, house staff, faculty, staff, and other interested parties. (3) An annual report to the Dean outlining issues, listing accomplishments, and summarizing investigated cases and their status or resolution.

Ohio State University College of Medicine:

Student Education

THE MEDICAL STUDENT HANDBOOK *explains, among other things, issues of abuse, non-cognitive standards, the honor code, student rights, and policies for dealing with abuse issues. It is updated periodically by the Office of Student Affairs and available on the College's web site.*

MEDICAL HUMANITIES: *Several modules in the Medical Humanities course, required of all first year students, educate on the topic of abuse. Specific readings, lectures and small group case based learning events are designed to address a wide variety of issues related to "abuse; human development; sexuality; ethics; violence; dependency; diversity (cultural, spiritual, gender, ethnic, sexual orientation, etc.) and stress.*

INTRODUCTION TO CLINICAL MEDICINE: *In addition to the Medical Humanities module, a separate module will be developed in the Introduction to Clinical Medicine required course, dealing with specific incidences that have occurred in the Med III/IV years and how they were resolved. Case based or small group based discussions are preceded by an introductory lecture and/or readings.*

INDIVIDUAL CLINICAL CLERKSHIPS: *Statements of what constitutes abuse and mechanisms for resolving abuse issues are printed in the Med Policies and Procedures Handbook, in individual Clerkship Syllabi and in Residency Training Materials.*

Staff Education

HOSPITAL STAFF: *Since residents and nurses do not work directly for the COM&PH, but work for University Hospitals, the College will suggest to the hospital, and to the individual residency programs, activities that they may wish to undertake to sensitize their staff to student abuse. Staff should be educated as to the prevalence and types of abuse that have been reported specific to the OSU College of Medicine and Public Health. A copy of the current task force report will be available to all department offices and attending OSU faculty.*

ATTENDINGS AND RESIDENTS *are provided a teaching card that incorporate effective teaching tips and abuse education material. The College policy on abuse is provided to all staff via web based information and hard copy in each department.*

STUDENT AFFAIRS OFFICE: *In addition to other student services and housing, the Student/Faculty Liaison position, the Office of Student Affairs will report major COM&PH policy changes designed to address abusive situations to the hospitals and departments.*

University of Chicago Pritzker School of Medicine:

An important aspect in assuring proper treatment of students in an academic and clinical environment is education, both in particular cases of miscommunication of misunderstanding, but also more broadly to the School community as a whole. Special efforts will be made to convey this policy and provoke discussion and awareness of its implementation and meaning to groups with significant contact with or involvement with the education of medical students, including faculty, fellows, residents, nursing personnel, and the School's dean of students office.

- ***policies and procedures for handling student complaints including a reporting mechanism for students, due process procedures for both complainant and perceived abuser, and an appeals mechanism;***

Boston University School of Medicine:

Students who believe they have been subject to abusive treatment should be able to make non-capricious, good faith complaints, without fear of retribution. Because of the potential jeopardy to the reputation of the individuals(s) against whom complaints of abusive treatment may be made, the reporting of allegations and the procedures for investigating them should be handled with care to preserve confidentiality to the maximum extent consistent with the goals of objectively investigating and resolving such complaints.

Students with complaints or concerns about abusive treatment can respond in any or all of the following manners: (1) take the issue up with the individual(s) involved; (2) detail the concern on the BUSM Clinical Clerkship Evaluation form; (3) send a communication through the OSA web site; or (4) bring the concern to the School of Medicine Committee on Student Treatment.

This Committee has two charges: (1) to discuss and review elements of student interaction with faculty, house staff, nurses, and others that can lead to complaints of abusive treatment; and (2) to receive specific complaints of student abusive treatment, review relevant documentation, and conduct an investigation of the complaint. The investigation may include a face-to-face discussion with the complainant and with the individual(s) about whom the complaint is being made.

Vanderbilt University School of Medicine:

Prior to filing a formal report as outlined below, the individual considering making a report should first, if at all possible, attempt to resolve the matter directly with the alleged offender. In addition, the reporting individual may consult informally with any member of the Standards Committee for information and assistance. Any such informal consultation will be confidential if so requested. The only written record of any such confidential consultation shall consist of a confidential memorandum retained in the files of the Chair of the Standards Committee.

To make a formal report of an alleged violation of these Standards, a written description of the alleged violation, signed by the individual making the report, shall be delivered to any individual on the Standards Committee. The Standards Committee shall conduct a preliminary investigation, giving the reporting individual, the alleged offender and any other persons as the Standards Committee shall determine a fair opportunity to express their views on the matter. Further, the Standards Committee shall make, in accordance with commonly held standards of conduct, any necessary preliminary determination of what does or does not constitute reasonable or appropriate conduct and behavior. Thereafter, the Standards Committee shall issue a written statement of their preliminary findings to the individual making the report, the alleged offender and to the Dean. The Dean shall then take such further action on

the matter as the Dean shall deem appropriate, consistent with the Vanderbilt University policy on disciplinary actions as set forth in the Vanderbilt University Faculty Manual, Student Handbook or Staff Manual, as applicable.

Alternatively, a student alleging sexual harassment or unlawful discrimination may make a complaint to Vanderbilt's Opportunity Development Center in accordance with the procedure outline in the Student Handbook. If the complaint to the Opportunity Development Center does not resolve the matter to the satisfaction of the individual making the complaint, a formal grievance may be filed with the Office of the Chancellor in accordance with the procedure in the Student Handbook.

Successful procedures address (1) channels of communication for students and others involved in the process, including specific individuals who are charged with handling specific complaints and concerns; (2) privacy and confidentiality concerns; (3) legal and criminal issues; (4) record keeping; (5) a method of communication back to the parties involved throughout the process and at resolution of the process.

Policies should receive endorsement from all appropriate executive and faculty committees. They should be widely circulated within the school and related teaching hospitals, and a specific individual should be responsible for implementation. Once the policy is formulated, a plan for continued dissemination of information and for student and faculty education should be implemented.

In developing policy, consideration should be given to an adjudication process that provides due process for the involved individuals. The student who reports mistreatment needs to state the facts of the situation as he/she sees it. The individual who is perceived to be the mistreater needs the opportunity to respond to these allegations.

Ideally, an informal process precedes a formal process. This encourages prompt resolution of a specific situation and, at the same time, provides opportunity for personal learning in a non-punitive environment. Some schools use an ombudsperson in this role. Other schools encourage informal discussion with the Associate Dean for Student Affairs.

With respect to formal procedures, if the perceived mistreater is a student, the school's procedures for handling student conduct violations provide a pathway for adjudication. If the perceived mistreater is a faculty member, the procedures for handling faculty conduct violations may prevail. If the perceived mistreater is an employee who is not a faculty member, the procedures for handling employee conduct may prevail. These policies may emanate from different sources within the academic medical center but should be well publicized within the entire medical center.

Appropriate committees should review/draft parallel policies and procedures for faculty and residents, defining the behavior expected of faculty and residents within the academic medical center. The power imbalance between faculty and housestaff, on the one hand, and students, on the other hand, makes this step critical to the establishment of an environment in which mistreatment can be eliminated.

Guidelines for the development of prevention are just as important as guidelines for developing a reporting system.

Standard of Conduct Statements for several medical schools are found in Appendix B.

VI. DEFINING MISTREATMENT

Defining what constitutes student mistreatment is a difficult task, but such definitions become critical in implementing institutional standards of conduct, in formulating educational programs to prevent harassment, and in evaluating the outcome of any of these efforts. Unfortunately, many of the publications on this topic fail to specify precisely what behaviors are considered reportable. Undoubtedly, some of the confusion about this topic (and, perhaps, some of the reason that mistreatment is so widespread and the incidence does not appear to be declining) may result from differences in the perceptions of students, faculty, and residents about what constitutes mistreatment. Until such definitions are widely disseminated and accepted within an institution, attempts to make positive changes in the educational climate may not be fully successful.

So...what constitutes student mistreatment? This is a question each institution must answer for itself, and it must do so after wide consultation with all involved sectors of the medical school community. Although a small group of individuals may be charged with drafting the wording, gathering input from students, faculty, course directors, program directors, residents and nurses will help to bring about acceptance of the result. Experience has shown that what may be perceived as abusive by one group may not seem so to another. Such differences in perception need to be addressed, with an attempt at resolution at an institutional level for any guidelines to be successful. Concrete examples of what does and does not meet the definition of abusive behavior can provide guidance and serve as an educational tool.

Yet, at its core, mistreatment deals with treating others badly. A simple definition may be the best approach, as illustrated by the following example from California Institute of Technology:

> ***No member of the CalTech community shall take unfair advantage of any other member of the community.***

Several caveats may be helpful as schools consider formulating their own definitions:

- One underlying theme of abusive behavior appears to be that it is destructive of the teacher-learner environment. Students are adult learners and, as such, deserve the respect one would give to colleagues.

- Setting standards is a necessary part of medical education. When students fail to meet standards, they must receive feedback. How the feedback is delivered may be crucial to whether it is perceived as abusive. However, feedback that is painful is not, by definition, abusive.

- Institutions should consider how inclusive they wish their definitions of student mistreatment to be. Some definitions, for example, include "taking credit for another's work." Intellectual dishonesty may be handled more appropriately as an infringement of academic policy rather than as mistreatment.

- In some areas of student mistreatment, definitions have already been reasonably established. This is true in the area of sexual harassment, where case law has provided some clarifications.

- Policies safeguarding students must also be mindful of the rights of individuals to free speech and free expression.

Examples of the various approaches a number of schools have taken in defining abuse are provided below. In the end, each institution will define abuse in a manner that reflects the corporate thinking of the entire academic community.

Creighton: Creighton University desires to foster relationships among its members and with others that are based on dignity and respect, and are free from discrimination. It is incumbent upon all faculty, staff, and students who are in positions of authority over others not to abuse, or appear to abuse, the power with which they are entrusted. Fellow students, staff, faculty, and patients are to be treated with and should treat others with respect. Personal relationships with patients must be professional in nature. Dual relationships, especially of a romantic or sexual nature, are prohibited and will be subject to disciplinary action according to policies and procedures set for unprofessional behavior.

Harvard Medical School: Harvard Medical School and the Harvard School of Dental Medicine value and are committed to diversity of views and to principles of free inquiry and expression. All members of the HMS/HSDM community have the right to hold and vigorously defend and promote their opinions. Respect for this right requires that community members tolerate even expressions of opinions that they may find repugnant or offensive. There are, however, obligations of civility and respect for others that underlie rational discourse. Racial, sexual, and intense personal harassment not only show grave disrespect for the dignity of others but also prevent rational discourse. Behavior evidently intended to dishonor such characteristics as race, gender, national origin or ethnic group, religious belief, or sexual orientation is contrary to the pursuit of inquiry and education and may be discriminatory harassment violative of law and Harvard policy. Such grave disrespect for the dignity of others may be addressed and punished under these or other existing procedures where it violates the balance of rights upon which a University is based. It is expected that when there is a need to weigh the right of freedom of expression against other rights, the balance will be struck after a careful review of all relevant facts and will be consistent with established First Amendment standards.

Ohio State University College of Medicine and Public Health: *Abuse* may be defined as "treatment of a person that is either emotionally or physically damaging and is from someone with power over the recipient of the damage, and is not required or not desirable for proper training and could be reasonably expected to cause damage, and may be ongoing. This includes verbal (swearing, humiliation), emotional (neglect, a hostile environment), sexual (physical or verbal advances, discomforting humor), and physical harassment or assault (threats, harm). To determine if something is abusive, one should consider if the activity or action is damaging, unnecessary, undesirable, ongoing, or could it reasonably be expected to cause damage.

To abuse is to treat in a harmful, injurious, or offensive way; to attack in words; to speak insultingly, harshly, and unjustly to or about a person; and to revile by name calling or speaking unkindly to an individual in a contentious manner. Abuse is further defined to be particularly unnecessary or avoidable acts or words of a negative nature inflicted by one person on another person or persons.[11]

Harassment is verbal or physical conduct that creates an intimidating, hostile work or learning environment in which submission to such conduct is a condition of one's professional training.

[11] The definition of abuse is adapted from Silver, HK, et al. Medical Student Abuse. Incidence, severity, and significance. JAMA. 1990 Jan 26;263(4) p 527 and from "Medical Student and Resident Abuse: Suggestions, Studies, and Resources on the State of Abuse in Medical Education.AA

Discrimination is those behaviors, actions, interactions, and policies that adversely affect one's work, because of disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

University of Medicine and Dentistry of New Jersey: Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as violence, sexual harassment or inappropriate discrimination based on personal characteristics must never be tolerated. Other behavior can also be inappropriate if the effect interferes with professional development. Behavior patterns such as making habitual demeaning or derogatory remarks, belittling comments, or destructive criticism fall into this category. On the behavioral level, abuse may be operationally defined as behavior by medical school faculty, residents, or students, which is consensually disapproved by society and by the academic community as either exploitative or punishing.

Examples of inappropriate behaviors are:

- Physical punishment or physical threats;
- Sexual harassment;
- Discrimination based on race, religion, ethnicity, sex, age, sexual orientation and physical abilities;
- Repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges);
- Grading used to punish a student rather than to evaluate objective performance;
- Assigning tasks for punishment rather than to evaluate objective performance;
- Requiring the performance of personal services;
- Taking credit for another's work;
- Intentional neglect or intentional lack of communication.

Mistreatment is defined on the AAMC Graduation Questionnaire (GQ) in the following manner:

Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age, or sexual orientation.

EEOC regulations define sexual harassment in a precise manner. Typical of a school policy statement is the following example:

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, education, living environment, or participation in a university activity; (2) submission to or rejection of such conduct by an individual is used as the basis for or a factor in decisions affecting that individual's employment, education, living environment, or participation in a university activity; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's employment or educational performance or creating an intimidating, hostile, or offensive environment for that individual's employment, education, living environment, or participation in a university activity.

VII. PROCESS FOR DEVELOPING DEFINITIONS OF ABUSE, SCHOOL STANDARDS OF CONDUCT STATEMENT

Developing and Defining Standards of Conduct: The Process

Developing standards of conduct regarding student mistreatment can be, and usually is, a very time- and labor-intensive process. Prior to the development of the LCME standard on medical student abuse, the impetus for initiating such a process had varied. In some institutions, a committee on professional behavior initiated the process, in others the OSR representative requested the process from the administration. In this chapter the goal is to provide some general guidance for developing standards of conduct by highlighting some of the common elements in the process.

- **Early formation of a working committee** is essential to the successful approval of a policy on standards of conduct as well as its implementation. Representation from the various constituency groups affected by the policy, i.e., students, residents, selected support staff, faculty and administration, allows for open discussion of the issues, heightened awareness of the importance of having such standards, and a broader base of support for implementation of procedures and programming. Established committees charged with the responsibility of advocacy or curriculum, such as the Women & Gender Issues Advisory Committee, Gender & Power Abuse Committee, Committee on Academic Integrity, Executive Curriculum Committee, and/or Student Support Services Advisory Board often serve as the nuclei of such working committees. An ad hoc committee or a special task force appointed by the Dean can also develop these standards.

Medical student representation should include such individuals as the OSR representative or students with experience in the administrative process, i.e., members of the honor council or student review committee. Recent graduates who are housestaff may provide a unique perspective as both students and teachers.

- **Legitimization of the issue and the work of the committee** early in the process of developing a standard of conduct are also very critical. Establishment of a standard on student mistreatment by the LCME has done a great deal to encourage schools to be proactive in addressing this issue. However, some faculty and administration still tend to minimize the problem. A strong, clear statement from the Dean in support of the committee, stating his/her expectations of faculty, particularly in the implementation of training, is advised. Current local examples of student abuse can prove to be critical when presenting the policy to faculty to counter the tendency to believe, "That doesn't happen here." GQ data can shed light on the national and institutional perspectives. Additional institutional surveys might identify local issues more currently and precisely.

- Prior to the first committee meeting, **SECURE INFORMATION ABOUT THE APPROPRIATE STEPS IN THE POLICY APPROVAL PROCESS AND THE NECESSARY TIME FRAMES AT YOUR INSTITUTION.** For example, at East Tennessee State University College of Medicine (ETSUCOM), all new policies, once approved by the Dean and Academic Dean are presented to the Chairs' Group, then to the Faculty Advisory Council, and finally to the Faculty for approval at each step before going forward to the university administration. The meeting schedules of these groups can impact the time line for final approval of the policy.

- **NETWORK EARLY WITH KEY FIGURES IN THE ADMINISTRATION OF YOUR PARENT INSTITUTION OR SYSTEM WHO WILL HAVE INPUT INTO THE POLICY,** e.g., legal counsel, EEOC/Affirmative Action Officer, Human Resources Office, Center for Women, Multicultural Center, etc. Involving these individuals early and often will facilitate consensus building and the approval process. These administrators can also provide input on any university policies that interact with this policy. For example, where racial and gender harassment is handled by a University-wide office, such instances of medical student abuse must be referred to that office.

- **IDENTIFYING AND COLLECTING RESOURCE MATERIALS** for use by the committee are strongly encouraged. These documents might include:

  - copies of the LCME standard on student abuse;
  - examples of policies from different institutions;
  - articles on medical student mistreatment and its effects from academic journals, (ex. "On the Culture of Student Abuse in Medical School," Kassebaum, DG, and Cutler, ER, *Academic Medicine,* 1998; Vol 73, No. 11, 1149-1158);
  - copies of current College of Medicine and institution policies and statements pertaining to this policy.

Schools are encouraged to make use of the "best practices and approaches" as they relate to medical education. The same holds true for policy development.

- **ALLOW SUFFICIENT TIME AND OPPORTUNITY FOR FEEDBACK** from the committee, individually and as a body, as well as other key individuals, i.e., chief administrators and chairs, before entering the approval process. Setting a timetable for response by committee members will facilitate the process. For example, members should be able to review the documents and forward comments to the committee chair within a one-month period. Once these comments are compiled, they may be distributed to the committee members to provide discussion points and the basis for a policy outline at the next meeting. Utilizing electronic mail can greatly diminish time in meetings as well as facilitate the ease and rate of response by committee members.

VIII. EDUCATIONAL PROGRAMS TO PREVENT STUDENT MISTREATMENT

Education for All – Taking the Ongoing High Road

This chapter contains many excellent and varied prevention programs used by medical schools. Although the process may seem overwhelming to those who have not yet begun, this compendium provides many ideas from which to draw.

- The first step in developing educational programs is to convene a working group that includes appropriate representation across the academic community. It is important to include both key leaders as well as representatives from those groups where problems are perceived. Helpful to the entire effort will be the strong support of the Dean. The working group, which might include representation from students, residents, faculty, nursing, other staff, as well as key administrators, will need to meet a number of times to plan educational programs appropriate to the needs of various groups within the academic medical center. Students, residents, faculty and other staff will benefit from a series of educational programs focused on the specific needs of the group.

- These programs figure in annual orientation presentations as well as in ongoing educational programs during the year for each group. Recognized senior women and men faculty and administrators of diverse ethnic backgrounds could present succinct definitions, including clear examples of mistreatment, together with rules, responsibilities, reporting, and both rewards and repercussions. It is useful to provide a one-page summary with key points for each participant at the end of the session. Posters placed in many common school, clinic and hospital areas for all, including patients and visitors, are helpful.

The use of various presentation styles and media add interest to the programs. Role-plays and case discussions are likely to be far more valuable than simply posting a set of guidelines.

- Funding to support program preparation and materials for distribution should be sought from the Dean, Provost, and University President. Most programs do not involve large sums of money. Clear presentation overheads, a university letter of understanding and acceptance signed by the attendee (with a take-home copy), brochures describing definitions, rules, reporting, repercussions and penalties, and appropriate informational posters should represent all of the necessary costs.

Although student mistreatment has too often been ignored, this can no longer persist with the new LCME standard. Educators and administrators dedicated to teaching individuals to become humane and competent physicians must establish a humane, respectful, and safe learning environment for our students. A number of medical schools have developed excellent educational programs to ensure that faculty, staff, and students are well informed about these issues and competent to teach new behaviors. Among these programs are the following:

Boston University School of Medicine:

A Draw the Line Workshop was held at BU Medical School using vignettes provided by the AAMC Draw the Line kit. A representative sample of vignettes and responses by students, residents, and faculty illustrate the effectiveness of this workshop in helping individuals to understand when behavior crosses the line into abuse. The workshop also illuminates the different viewpoints of the student generation and the faculty generation.

• ***A valuable part of the team...***
(Vignette): Tim was on his third rotation. He loved the level of involvement. On his second night on call, his resident asked him to be responsible for collecting money from the residents and buying dinner for the team. It was clear by Tim's reaction that he felt this task was inappropriate. The resident promptly explained that this task was an important service to the team who would otherwise not have the chance to eat.

The student comments on this vignette included stating that this is a reasonable request, and that perhaps they should take turns getting dinner.

A resident thought maybe Tim was being "anal" and that perhaps the team already takes turns getting dinner.

• ***The first day...***
(Vignette): It was John's first day on the wards. He had made it through his first and second years. He passed the boards and felt that he was ready to take on some real patient responsibility. He was excited to start. The department had a great orientation, telling the students about their responsibilities and duties. Immediately after this orientation, John met with his resident for rounds. He was assigned three patients to follow. He didn't really understand what that meant, but he was more than willing. After rounds, he asked his intern to explain his duties. "Medicine is all about teamwork. We are all members of the team, and every team has a water boy. For us, that's you."

Student comments showed little sympathy with John, although one student wrote, "What concerns me most here is the lack of learning environment provided for the student. Alternatively, the student should be realistic about his earned level of responsibility. Indeed, he *is* the low man on the totem pole."

• ***Ignored.***
(Vignette): Janice was rotating through Neurology with Tom and Victor. A percentage of the grade in this rotation was based on performance in teaching rounds. The subjects of these rounds were published in the syllabus, so the students were responsible for preparing before the fact. The three students met with the attending every other day. In all of those days, the attending never asked Janice any questions, while he constantly asked Tom and Victor questions. The trend continued for the whole rotation. She felt ignored.

Student comments came down on both sides. One side being that Janice needed to be more assertive; the other side recognizing that this behavior occurs "even today, even at BMC."

• ***Teaching techniques...***
(Vignette): Mary, a fourth-year student rotating through pediatrics, was assigned to present a patient for morning report. She did not admit the patient herself and was told about this task 10 minutes before rounds began. She walked into the pediatrics library to find that the chairman was sitting in for rounds today. Mary presented the case with the limited information provided by the resident's history and physical. The chairman asked her questions that escalated from historical questions to more probing questions that she clearly did not know the answers to. He continued to push her until she began to cry. After rounds, the chairman apologized, stating that "in medicine we learn by feeling stupid sometimes. That's the way it is."

Students generally lacked sympathy for Mary. Other comments included, "The chairman needs to learn some tact." And "Unfortunate, but all too common. Attendings do at times need to show gaps - that way you know what to prepare next time. However, there are limits and this was too far. There is a difference between teaching and torture."

A resident wrote, "Does the chairman's questioning rise to the level of harassment? Does the chairman treat all students in this way or just female students?"

• ***The tutorial***
(Vignette): Cecilia, a first-year student, was having trouble in microbiology. She decided to sign up for a tutorial with the course director. The first few sessions were very productive, and Cecilia could feel her grasp of the material improving. As Cecilia and the course director became more familiar with each other, the course director started making comments about Cecilia's appearance that made her feel uncomfortable. At the last session, the course director invited Cecilia to his apartment for their next tutorial.

Student responses ranged from advising Cecilia to accept the invitation and "drink tea" to reporting the course director for "sexual harassment (at worst) or inappropriate behavior (at best)." Other comments stated that the course director was unprofessional, and that he took advantage of his position of authority. One student wondered if Cecilia might be hypersensitive.

A faculty response stated that Cecilia should inform the director that she does not want a personal relationship.

Contact: Arthur J. Culbert, Ph.D., 617-638-4194, fax 617-638-4491, aculbert@bu.edu

East Tennessee State University James H. Quillen College of Medicine:

The school has three separate programs for students, residents and faculty. The objectives of these programs are to educate all members of the College of Medicine community about the policies and procedures at the school and the School's objective to maintain an atmosphere of mutual respect in an effective learning environment. The program/workshops include a review of federal laws prohibiting discrimination, essential elements of related case law (i.e., how the federal laws are interpreted with respect to gender and race in particular), and how the University and College of Medicine expect members of the community to relate to one another (including a review of our sexual harassment, racial discrimination, and medical student mistreatment policies).

For students, there is an introduction at orientation followed by workshops on sexual harassment, racial discrimination, and medical student mistreatment during the first semester. The workshop is repeated as part of orientation to the clinical years, including how to handle abusive/inappropriate patients.

For residents, an abbreviated workshop on sexual harassment, racial discrimination, and medical student mistreatment is given at the new resident orientation.

For faculty, workshops on sexual harassment, racial discrimination, and medical student mistreatment within individual departments (to include residents) occur every 2-3 years. New faculty orientation is being revised to include this material as well. Hospital staff and adjunct faculty receive copies of the school's written policies.

Records, without names, are kept of the issues/situations reported to the office, and yearly totals are compared in an annual report to the Dean. As most issues are confidential, specific details are not reported, unless a formal complaint is forwarded to the Grievance Council (conflict resolution body). All issues to date have been resolved informally to the reported satisfaction of the target of the inappropriate behavior.

No additional funding is required. These programs are part of the regular responsibilities of the Assistant Dean of Women in Medicine, who also functions as the Grievance Officer.

Contact: Theresa Lura, M.D. 423-439-8849, fax 423-439-8859, lura@etsu.edu

Medical College of Georgia:

For students, the school includes a one-hour session on the harassment/abuse policy at First-Year Orientation, funded by the Dean's Office. An evaluation form is completed at the end of orientation. All occurrences of mistreatment are reviewed at the end of the year.

At Residents' Orientation, all incoming residents have a 30-minute session on the harassment/abuse policy, funded by the Dean's Office and the hospital.

The school initiated a Professionalism Forum for faculty in 1999, funded by the Office of the Vice President for Academic Affairs.

Contact: Mason P. Thompson, M.D . 706-721-3817, fax 706-721-7600, mthomps@mail.edu

University of California, Los Angeles (UCLA):

The objectives of this program are to provide information on what is and what is not appropriate behavior, to discourage abuse, to encourage proactive prevention, and to teach the audience about the various resources and recourses available to them. The program includes a 15-60 minute presentation giving definitions, examples, data resources, and appropriate responses with discussion following. For faculty, all departments were *required* to schedule this presentation at a faculty meeting. All 21 departments were covered within a six-month period. Updates will be cycled in every few years. For residents, the session is part of orientation every summer. For entering medical students, the session is part of orientation. The session is repeated at the start of the third year as part of Introduction to the Clinical Years.

The school has a Gender and Power Abuse Committee that is trained to triage cases. Most cases that are reported informally are resolved to the satisfaction of all parties. The committee meets monthly to discuss cases and trends, to develop educational and preemptive programs, and to participate in training. The committee recently sponsored a display of the "Draw the Line" exhibit.

A South Campus Ombuds Office was established to provide services to the health sciences community. This is a new development so evaluation data are not available. However, the office has been used heavily and response has been enthusiastic.

Funding required includes the printing of two bookmarks, one listing names and numbers of gender and power abuse committee members and the other describing the South Campus Ombuds Office. These are paid for by the Medical Center. The Dean's Office contributed to setting up the Ombuds Office by providing space (no small feat), refurbishing it, providing a computer, furniture, phone, fax line and 10% of time from the Director of Special Projects to supervise the gender and power abuse project and to chair the committee.

Contact: Joyce Fried 310-794-1958, fax 310-206-5046, jfried@mednet.ucla.edu

University of Louisville School of Medicine:

Several programs developed and directed by the Associate Dean for Faculty and Student Advocacy are in place and very effective according to student consensus and faculty and administrative evaluation.

1. The Student Hour (established in 1978) consists of three second-year students, a preclinical and a clinical faculty member, and a psychiatry resident who meet on a monthly basis with a group of first year students in the latter's study room. All types of issues are discussed. Over time, beginning during the pre-orientation Health Awareness Workshop, first year students develop trust in their support team and often turn to them first with school problems.

2. The S.O.U.L. (Student Outreach at the University of Louisville) Program was established in 1992 as another outreach program, across academic class lines, for students to speak to a support person identified on a wallet card of selected students from all classes, residents, community and faculty physicians, and the physician-director of the State Physicians Health Committee about personal and/or academic problems or concerns.

3. The Advocates program was established in 1990, as yet another support system. Two second - year students per first-year unit lab (i.e., study room) and a total of three (juniors and seniors) per second-year unit lab are trained to be of ongoing support to first- and second-year students. The Advocates are expected to visit their student group three to four times per week and receive an honorarium to do so.

4. The Health Awareness Workshop is a four-day voluntary support and prevention program, which takes place prior to orientation, beginning the day after the White Coat Ceremony. Large lectures and small informal group discussions led by the student tutors who will then lead the Student Hour program discuss expected school behaviors, offices, and systems to reach out to for help. Several lectures on personal and professional ethics and tolerance and respect for all types of minorities, including racial, ethnic, gender, sexual life style, and nontraditional students, are presented. Presentations on relaxation techniques, motivation, faith and health, the arts and exercise, verbal communication and relationships, and minority issues are presented by faculty.

Contact: Leah J. Dickstein, M.D. 502-852-6185, fax 502-852-8937, ljdick01@gwise.louisville.edu

University of Medicine and Dentistry of New Jersey (UMDNJ):

UMDNJ runs an orientation session in the first week of school designed to introduce incoming first-year students to the concept of professionalism and to familiarize them with the Committee on Academic Integrity. The session begins with an overview of what makes a "professional" and presents a case based on a real ethical dilemma to the entire class. The class divides into six small groups and convenes in breakout rooms to discuss how the case might be handled. The entire class then reconvenes for summary reports. The facilitator then reports how the case played out in real life. This program has been conducted since the school adopted the Code of Professional Conduct in 1996. The program is co-conducted by the Office of Student Affairs and the Co-Chairs of the Committee on Academic Integrity. No dedicated funding is necessary.

Contact: Joan Liman, M.D. 973-972-4783, fax 973-972-7986, liman@umdnj.edu

In addition, on the first day of orientation, the UMDNJ Office of Affirmative Action and Equal Opportunity conducts its own training session to give incoming students a broad overview of affirmative action, the Americans with Disabilities Act, sexual harassment policy, etc. The program has been operational for six years at no cost to the medical school.

Contact: Cassandra Martin 973-972-4855, fax 973-972-7580

A program entitled *Effective Interaction with Diverse Colleagues and Patients* is conducted for second-year medical students at the beginning of the academic year (a two-hour session on the first day of year two). Its objectives are (1) to recognize how one's cultural values, assumptions, and beliefs influence interactions with others, (2) to expand awareness of "cultural baggage"(e.g., biases, stereotypes) and examine how misunderstandings and cultural collisions occur, (3) to increase interpersonal effectiveness by understanding how culture influences the communication process, and (4) to recognize and develop an understanding of sexual harassment behaviors, related consequences, and steps for prevention. It combines lecture format with breakout sessions for discussion. A video, *Sexual Harassment: Is It or Isn't It,* for health care was recently introduced. The program has been conducted for three years.

Contact: Joan Liman, M.D. 973-972-4783, fax 973-972-7986, liman@umdnj.edu

The Student Affairs Department at UMDNJ presents an all-day workshop for residents from all specialties. The workshop covers elements of good teaching, facilitating learning and good supervision. Emphasized are the importance of assessing learners and teachers to their level rather than arbitrarily over their heads, methods of feedback that contribute to improvement and positive relationships and methods of small group and bedside teaching that empower students and help them to gain confidence. The immediate, post-program evaluation demonstrated that residents felt that they had been sensitized or re-sensitized to the challenges of being a novice in this area. They also insisted that attending physicians participate in training that took place later that year. The school has been performing evaluations of residents' attitudes on a variety of teaching behaviors. Outcome analysis will include looking at pre- and post-program ratings, particularly to see if improvements appear and persist. This program has been expanded to include more residents and attendings in order to have real impact. The Dean's Office supported this project.

Contact: Susan Watson 973-972-4783, fax 973-972-7986, watson@umdnj.edu

Yale University School of Medicine: Yale has developed a peer-advocate program. Students in each class submit two names of students whom they would feel comfortable speaking with if they have a problem about abuse/harassment/mistreatment. Peer advocates are trained by the personnel at the Yale Health Plan in the Department of Mental Health. These six students sit on a council that is made up of the Associate Dean for Student Affairs, the Assistant Dean for Student Affairs, a psychiatrist from the community who has no responsibility for evaluating students in their clinical rotations, a faculty member from the basic sciences whom the students choose and who also has no responsibility for evaluating them in their clinical years, and the Assistant Dean for Multicultural Affairs. Students may access the system through any of the six peer advocates, directly through the Office of Student Affairs or through any member of the Council. Special attention is paid to protection of confidentiality. The number of times that the system is accessed and the variety of problems that are brought are tracked.

Yale has also developed a booklet for all medical students that lists all of the resources available to them for counseling on a wide range of topics including substance abuse and mental health. These resources are available both at the university and in the community in case a student wishes complete anonymity.

Contact: Nancy Angoff, M.D. 203-785-2644

IX. SUMMING UP - NEXT STEPS

The goal is that each participant in academic medicine treat all other participants with respect, both for the individual and for the learning process that must take place if the needs of patients are to be advanced.

A positive learning environment will not compromise standards. To the contrary, when each person is treated with respect, each student can focus on learning and each teacher can focus on facilitating learning. Students and faculty alike can be held to the academic and behavioral standards that the academic community agrees mold the education of physicians.

Most of the initiatives described in this compendium require very little, if any funding. However, a substantial outlay of vision and commitment is required by all participants in this process. And the leader must set both the standard and the pace. In the end, the approach at a given institution must fit both the mission and culture at that school.

We leave you with **12 Steps to Success**:

1. Agree that treating others with respect is what this is all about.
2. Legitimize the importance of this issue by asking the Dean for a statement.
3. Review your school's GQ data on student mistreatment for the past several years.
4. Establish a committee that is broadly representative of the academic community to define abuse and draft a Standards of Conduct Statement.
5. Focus on the theme of respect for the roles of teacher and student in the learning process.
6. Think positively - that is, how to treat others with respect - rather than focusing on the punitive.
7. Everyone needs to know the rules.
8. Everyone needs to be held to the same standards.
9. Even though everyone agrees to treat everyone with respect, someone will err at some point in the future, so you need an adjudication process that is fair.
10. View ATM as the "appropriate culture" at your school. Be a leader. Spread the word!
11. Develop ongoing educational programs that assume that everyone wants to treat everyone with respect.
12. Provide for evaluation and continual improvement of ongoing programs.

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Appendix A

AAMC

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW
WASHINGTON, DC 20036
TELEPHONE (202) 828-0400

MEMORANDUM #90-16

ACTION

April 6, 1990

TO: Council of Deans

FROM: Robert G. Petersdorf, M.D., President

SUBJECT: Student Mistreatment

Recent articles in the JAMA by Henry Silver, M.D. and Anita Duhl Glicken, M.S.W., and by K. Harnett Sheehan, Ph.D. and colleagues call attention to the problem of student mistreatment during educational experiences. The problem is not new to education. Of particular concern, however, is the apparent absence of mechanisms for students to seek and obtain relief when they are aware of mistreatment. This aspect of the matter deserves immediate attention. You can take a first step now.

ACTION

Consider appointing and publicizing the availability of a neutral contact person in your medical school who can speak with students who perceive they are being mistreated. The availability of an individual prepared to listen to student concerns, willing to investigate, and in a position to advise the student and the faculty is a simple and immediate action which is responsive to the issue. Such a person can obtain qualitative and quantitative information about the problem at the institutional level. From this experience additional strategies can be developed to further address the problem.

The Association will be implementing several other strategies.

1) The Council of Deans with the Organization of Student Representatives has chosen the definition, interpretation and actions necessary to deal with student mistreatment as the topic for the Sunday afternoon, October 28, 1990 session during the Annual Meeting in San Francisco.

2) A question(s) about mistreatment will be added to the AAMC Graduation Questionnaire in 1991. This will allow the Association and individual schools to monitor the issue.

3) The Group on Student Affairs is considering a national survey to further document and clarify the problem. Clearer definition and quantitative national information is sought.

4) The Association will consider developing a frame work paper to guide constituent institutions in managing the problem of student mistreatment.

If you have any further questions, please feel free to contact Robert L. Beran, Ph.D., Section for Student and Educational Programs (202/828-0680).

AAMC

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

2450 N STREET, NW
WASHINGTON, DC 20037-1126
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INFORMATION

MEMORANDUM 92-38

July 28, 1992

To: Council of Deans
Council of Academic Societies
Council of Teaching Hospitals
Organization of Student Representatives
Organization of Resident Representatives

From: Robert G. Petersdorf, M.D., President

Subject: Student Mistreatment

The AAMC Executive Council, at its June meeting, approved the enclosed document, "Reaffirming Institutional Standards of Behavior in the Learning Environment" for use by individual schools in developing and implementing school policy with respect to student mistreatment. The document was developed following extensive discussion of the problem of student mistreatment by the Council of Deans, the Group on Student Affairs and the Organization of Student Representatives. These discussions were prompted by articles which appeared in JAMA by Henry Silver,M.D. and Anita Duhl, M.S.W. and by K. Harnett Sheehan, Ph.D. and colleagues in 1990.

A Special Session on the problem, its identification and school responses to situations of student mistreatment was held at the 1990 Annual Meeting. Subsequently, questions have been added to the AAMC Graduation Questionnaire to allow the Association and individual schools to monitor the issue.

The adoption of a position statement by the Executive Council is another important action by the Association in addressing this issue. The environment of learning within medical schools is enhanced by the presence of mutual respect between student and teacher. Inappropriate behavior including 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 will disrupt this learning process. Schools are encouraged to develop a statement of institutional standards of behavior for faculty, students, residents and staff, including a clear articulation of examples of both appropriate and inappropriate behavior. In addition to a policy statement, a clear need exists for well publicized procedures for dealing with allegations of mistreatment.

cc: Group on Student Affairs

If you have any further questions, please feel free to contact Frances Hall, Director, Section for Student Programs (202-828-0680).

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 for 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 of 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 institution's standards of acceptable behavior.

POLICY ON MISTREATMENT PREVENTION FOR MEDICAL STUDENTS
QUILLEN COLLEGE OF MEDICINE
EAST TENNESSEE STATE UNIVERSITY

I. INTRODUCTION

The Quillen College of Medicine has a responsibility to foster the development of professional and collegial attitudes needed to provide caring and compassionate health care by all members of the College of Medicine community, including medical students, graduate students, resident physicians, faculty, and other staff that participate in the educational process. An atmosphere of mutual respect and collegiality is essential to nurture these attitudes and promote an effective learning environment. The diversity of members of the academic community combined with the intensity of interactions that occur in the health care setting may lead to incidents of mistreatment.

This policy on mistreatment prevention has three main components:

A statement of College of Medicine standards of behavior with regard to mistreatment, including: a definition of mistreatment; examples of types of mistreatment; who may be the object or perpetrator of mistreatment; and the purpose of the policy on mistreatment.

A plan for the ongoing education of the College of Medicine community concerning these standards of behavior and the process by which they are upheld.

A description of the College of Medicine process for responding to allegations of mistreatment.

Accusations of racial or gender discrimination or harassment are not handled under this policy, but rather by the ETSU Affirmative Action Officer. Similarly, disputes about grades are handled under the College of Medicine Academic Grievance Procedures and Grade Appeal Process as described in the Handbook for Medical Students.

II. MISTREATMENT IN THE LEARNING ENVIRONMENT

Mistreatment, a form of professional misconduct, is defined as improper use or handling of an individual(s). It may cause the subject to become more cynical about the medical profession, may interfere with the learning process, may cause talented individuals to leave medical training, and may promote an atmosphere in which abuse is accepted and perpetrated in medical training.

Examples of inappropriate and unacceptable behavior include:

- Harmful, injurious, or offensive conduct
- Verbal attacks
- Insults or unjustifiably harsh language in speaking to or about a person
- Public belittling or humiliation
- Threats of physical harm
- Physical attacks (e.g., hitting, slapping, or kicking a person)
- Requiring performance of personal services (e.g., shopping, baby sitting)
- Threatening with a lower grade or poor evaluation for reasons other than course/clinical performance
- Sexual Harassment
- Discrimination on the basis of race, gender, sexual orientation, religion, ethnic background, age, or physical disability
- Intentional neglect or lack of communication
- Taking credit for another individual's work
- Disregard for student safety
- Any other behavior which is contrary to the spirit of learning and/or violates the trust between the teacher and learner.

III. ONGOING EDUCATION TO PREVENT MISTREATMENT

To promote an environment respectful of all individuals, the College of Medicine will provide ongoing education to students, residents, fellows, faculty, and other staff emphasizing the importance of professional and collegial attitudes and behavior. The materials and methods for providing this education will be the responsibility of the Grievance Officer, in consultation with the Associate Dean of Student Affairs, the Associate Dean for Clinical Affairs, the Grievance Council, and the Assistant Dean and Director of Women in Medicine.

Education of the College of Medicine community concerning mistreatment serves to promote a positive learning environment. This is characterized by attitudes of mutual respect and collegiality. Education will alert all members of the College of Medicine community to expected standards of behavior. Education will also inform students who believe they have been mistreated of the avenues for redress, and will inform all of the policies and processes for responding to allegations of mistreatment.

The methods for the specific groups are described below, subject to annual review and revision by the Grievance Council.

A. Medical Students

- The policy will be included in the student handbook
- The topic will be addressed at all orientations
- Each department is encouraged to include this topic in the course policies for each preclinical course and each clinical rotation

B. Resident Physicians and Fellows

- The policy will be included in the resident handbook
- The topic will be addressed at the annual resident physician orientation
- The clinical department chairs are encouraged to ensure all their fellows and residents are cognizant of the policy.

C. Faculty and Graduate Students

- An informative written message will be sent each year from the Dean's office to all department chairs. The Dean will direct the chairs to convey the information to all faculty and graduate students within their department. They will also direct the course directors, clerkship directors, and program directors to convey this information to all adjunct faculty who participate in the teaching process in order to assure that all faculty are cognizant of the policy.

D. Nursing and Other Clinical/Support Staff

- An informative written message will be sent each year from the Dean's office to the Chief Executive Officer at each training site to explain the policy and to request its distribution to all staff interacting with COM trainees.

IV. PROCESS FOR RESPONDING TO ALLEGATIONS OF MISTREATMENT

A. Introduction

When an allegation of mistreatment occurs, the parties directly involved should try to resolve the matter informally. Methods to resolve the issue informally may include: direct discussion between parties, involvement of course/clerkship directors, or department chairs. If this informal approach is unsuccessful, a more structured process is available within the College of Medicine for resolving the matter prior to filing a complaint within the larger university system.

This process is designed to be fair to both the accuser and the accused. It is designed to be impartial, effective, and unlikely to result in retaliation for the accuser.

B. Time frame for introducing a complaint.

Evidence and memories tend to deteriorate with time. Therefore, complaints should be introduced without delay. Whenever possible, this should be within a four month period of the incident. Requests for a delay in these proceedings shall be at the discretion of the Grievance Officer.

C. The Grievance Officer

The position of Grievance Officer has been established to help resolve conflicts. The role of the Grievance Officer is to mediate between the conflicting parties and strive for reconciliation. Either the accuser or the accused may contact the Grievance Officer to seek assistance in resolving the conflict. The Grievance Officer will encourage the parties to work out the problem between themselves, but will also be available as a facilitator of this process. To achieve neutrality, the Grievance Officer is chosen from the non-teaching faculty in the College of Medicine and is appointed to this position by the Dean of the College of Medicine. The Grievance Officer is accountable to the Dean concerning advocacy issues.

D. The Conflict Resolution Council

If a reasonable effort by the Grievance Officer does not yield a solution, upon request of either party, he/she will convene a conflict resolution Council. The purposes of the Council include the following: to ascertain the facts to the extent feasible, to mediate between the parties, and to strive for resolution. The Council will assess the evidence as objectively as possible, be fair in its deliberations, and protect the rights of both parties.

1. Council Composition

The Dean will select a fourteen member Council to include two members from each of the following groups: preclinical students, clinical students, graduate students, residents, preclinical faculty, clinical faculty, and administration. When a case arises for deliberation, the Grievance Officer will select a working Subcouncil which consists of five members to include representatives from the appropriate peer groups of the accuser and accused. The Grievance Officer is not a member of the Council; however, the Grievance Officer is present at Council meetings and may be called upon to vote to break a tie vote of the Council. Nominations for membership will be submitted from the representative groups. Members will be appointed to the Council for terms of 1-3 years. Appointments are staggered so that the Council always has experienced members.

If the accused or accuser in a specific case is not represented by groups on the Council, the Council may recruit additional members from the appropriate group (e.g., nurses, staff, etc.) to review the specific situation. The method of recruitment is at the discretion of the Council.

The Subcouncil will select its own chair to preside over deliberations. A Recorder will be selected by the Subcouncil. Duties of the Recorder shall be: 1) record adequate minutes of every meeting; 2) record by audio tape those portions of a hearing as hereinafter specified; 3) take charge of and record the receipt of all correspondence, written statements, and other official papers received by the Council; and, 4) secure, file, and maintain in proper order in a special, locked box in the office of the Grievance Officer.

2. Council Meetings

The Council will hold two scheduled meetings per year. One will be at the beginning of the academic year (August) to review the charge to the Council with the Grievance Officer, and the other at the end of the academic year prior to graduation to review the policy and recommend appropriate changes to the policy and procedures. Other meetings will be held on an as needed basis.

3. Council Procedures

The Council becomes involved in a given case only after the Grievance Officer has made reasonable efforts to resolve it. When the selected Subcouncil hears a case, the Grievance Officer, accuser, and the accused are present. The Subcouncil chair is responsible for notifying the parties concerning the time and place of the Subcouncil meeting. The proceedings begin with the Grievance Officer presenting the case. The accuser and accused both have an opportunity to speak and to bring witnesses to speak.

All hearing proceedings, except deliberations of the Council on findings and recommendations and Council deliberations regarding excusing Council members from sitting on a case, shall be recorded by the Council Recorder. This record shall serve as the official documentation of the hearing.

The order of speakers is as follows:

1. The accuser
2. Witnesses for the accuser
3. The accused
4. Witnesses for the accused

The accused has the right to be present whenever statements are being made by the Grievance Officer, the accuser, or any witnesses. Similarly, the accuser has the right to be present during statements by the Grievance Officer, the accused, or any witnesses.

Witnesses will be present only when they are called to give information. After speaking, they will be asked to leave and will not speak to each other prior to or during the proceedings. Both the accused and the accuser can be harmed by breaches of confidentiality, and all who are involved in the process of responding to allegations must maintain confidentiality.

All individuals involved in the process should know and understand the need for confidentiality. The accuser and accused are not allowed to bring lawyers to Council meetings as advocates, advisors, or observers, nor may they bring any other persons, except witnesses. This process is intramural and is designed to avoid complaints being filed outside the university, if possible.

When the Council convenes deliberations, the Dean will be notified.

4. Outcomes of Council Deliberations

The Council's record of deliberations will be sent to the Executive Associate Dean, summarizing the findings of the Council. The Executive Associate Dean will then decide what action to take. The Executive Associate Dean or Dean's delegate will advise the accused and accuser concerning the final disposition of the matter.

Decisions about a letter being forwarded to the Dean should be made on a case-by-case basis. It is a matter of judgment by the Council based on the degree of offensiveness of the behavior and the strength of evidence that the behavior occurred. It is possible that the Council might become aware of a history of recurring mistreatment behavior by a given individual. In such a situation, a letter might be warranted even if each occurrence of mistreatment would not be regarded as serious enough to justify a letter if considered individually.

If the conflicting parties resolve the matter satisfactorily between themselves, the Council has the option to decide that a letter is not warranted. However, if the offense is serious or recurring, a letter might be deemed appropriate even if the conflicting parties have reached a resolution. In exceptional circumstances it may be appropriate for the Grievance Officer to inform the Dean concerning a complaint before the Council meets.

5. Additional Council Responsibilities

If the Grievance Officer decides that the Council should be involved in resolving a case, the accused does not have the right to prevent the Council from meeting. A function of the Council is to decide whether the matter should be brought to the attention of the Dean. It is in the interests of the accused to meet with the Council to resolve the matter without involvement of the Dean. If the accused refuses to attend the Council meeting, the Council will still meet to decide if a letter should be sent to the Dean.

If a Council member is approached by someone who believes that he/she has been mistreated, the Council member will refer the individual to the Grievance Officer.

Essential records are maintained by the Grievance Officer.

V. PROTECTIONS

1. Retaliation

Those who are accused of mistreatment will be informed that retaliation is regarded as a form of mistreatment and will not be tolerated. Accusations that retaliation has occurred will be handled in the same manner as accusations concerning other forms of mistreatment, using the Grievance Officer and Council if needed. If the Council finds that retaliation has occurred a letter will be sent to the Dean.

All reasonable action will be taken to assure that the complainant and those providing information on behalf of the complainant or supporting the complainant in other ways will suffer no retaliation as a result of their activities in regard to the process.

2. Malicious Accusations

A complainant or witness found to have been intentionally dishonest or malicious in making the allegations may be subject to disciplinary action.

3. Professional Reputations

In the event the allegations are not substantiated, all reasonable steps will be taken to restore the reputation of the accused as deemed appropriate by the Council.

VI. RELATION TO OTHER UNIVERSITY POLICIES

The policy outlines an additional process within the college of medicine for responding to complaints of mistreatment and is subordinate to the formal policies of East Tennessee State University and Quillen College of Medicine. These include, but are not limited to the following policies and procedures:

ETSU	PPP-26	ETSU Policy Statement on a Drug-Free Campus
	PPP-27	ETSU Employee Grievance/Complaint Procedures
	PPP-30	Policy on Sexual Harassment
	PPP-31	Grievance Procedures for the Resolution of Sexual Harassment Charges at ETSU
	PPP-40	Affirmative Action Complaints
	PPP-45	Americans with Disabilities Act
COM		Student Conduct
		Student Honor System
		Academic Grievance Procedures
		Evaluation System
		Grade Appeal Process

In addition to this avenue which is coordinated by the Grievance Officer, complaints concerning sexual harassment may be submitted to one of the designated contact persons for the College of Medicine, the Associate Dean for Student Affairs or the Assistant Dean and Director of Women in Medicine, or to the Affirmative Action Officer for the university.

Similarly, complaints concerning discrimination must be submitted to the Affirmative Action Officer. This may be done through the Office of Women in Medicine.

Allegations of student misconduct may be addressed according to the Student Conduct Policy and the Student Honor Code.

This policy will help promote a positive environment for learning in the college of medicine, and will affirm the importance of collegiality and respect for others.

Harvard Medical School

ACADEMIC SOCIETIES PROMOTION AND REVIEW BOARD

POLICY ON STUDENT CONDUCT AND RESPONSIBILITY

Harvard Medical School has the responsibility of ensuring that its graduates meet certain standards of professional conduct and responsibility. These standards include reliability, honesty and integrity, responsibility in professional relationships, responsibility in relationships with patients and families, and responsibility related to substance abuse.

Students will be evaluated on the basis of these standards, examples of which include:

Reliability

- Can be depended upon to do his/her duty as defined by clerkship and course objectives;
- Completes tasks he/she was assigned or agreed to perform;
- Attends and participates in a timely fashion in all scheduled activities, including class, clinic, rounds, etc.

Honesty and Integrity

- Is honest and ethical with regard to assignments, examinations, research activities, and patient care;
- Acknowledges his/her own mistakes and takes steps to correct them;
- Adheres to ethical and legal standards of conduct.

Responsibility In Professional Relationships

- Knows and acts in accordance with own cognitive, physical, and emotional limitations;
- Takes steps to act on constructive criticism;
- Handles stress appropriately;
- Is considerate and respectful of colleagues;
- Listens to and maintains effective communication with colleagues;
- Uses appropriate language and tact in all professional situations;
- Does not make inappropriate demands of/on colleagues;
- Does not discriminate on the basis of race, color, gender, sexual orientation, religion, age, national origin, ethnic background, political beliefs, veteran status, disability status or any other improper basis;
- Shows appropriate judgment in responding to unethical, unprofessional or dangerous behavior on the part of others.

Responsibility In Relationships With Patients And Families

- Knows and acts in accordance with own cognitive, physical and emotional limitations;
- Is considerate, conscientious and respectful toward patient's and family's physical interests and emotional concerns;
- Listens to and maintains effective communication with patient and family;
- Uses appropriate language and tact in all professional situations;
- Keeps accurate medical records;
- Maintains confidentiality where required;
- Does not discriminate on the basis of race, color, gender, sexual orientation, religion, age, national origin, ethnic background, political beliefs, veteran status, disability status or any other improper basis;
- Is appropriately groomed in all professional situations;
- Maintains appropriate boundaries in the doctor/patient relationship.

Responsibility Related To Substance Abuse

- Is aware that substance abuse is not compatible with professional conduct;
- Is aware that the use of any substance in the settings of patient care and research activities is not compatible with professional conduct;
- Shows appropriate judgment in seeking evaluation and assistance if impaired or potentially impaired by substance abuse.

THE ACADEMIC SOCIETIES PROMOTION AND REVIEW BOARD

The Promotion and Review Board is a standing committee of the HMS faculty charged with monitoring student performance across the four years of medical school. Its members are appointed by the Master of the Peabody Society and include representatives of preclinical and clinical courses, the Society Masters, the Registrar and the Dean for Medical Education. The Board meets several times each year. Its purpose is to ensure that each student meets the requirements for graduation and the rules governing promotion. It can mandate a constructive program for each student, considering special problems and/or needs.

Rules Governing Other Education Experiences (e.g. Fellowship, Independent Study, away electives)
Any student with an unsatisfactory grade in any course or clerkship or a substantiated concern about professional conduct and responsibility must complete remedial work at Harvard Medical School prior to undertaking any extramural educational experience.

Rules Governing Promotion

- All unsatisfactory grades from Years I & II must be made up before the beginning of the next academic year.
- Students will automatically be placed on academic probation and may be required to repeat an academic year if they have a cumulative primary failure (i.e., on initial examination) in two (or more) courses, independent of whether they have subsequently passed reexamination in these subjects. For each such student, a special remedial program is to be created by his/her Society and approved by the Promotion and Review Board.
- Students may be placed on academic probation if they do not complete conditions recommended by either the Academic or Student Conduct and Responsibility Subcommittee and specified by vote of the full Promotion and Review Board.
- Students on academic probation will not be allowed to serve on appointed committees at the school, will be required to limit their extracurricular activities, and will ordinarily not be granted a leave of absence for other than medical reasons.
- Students will be eligible to be taken off academic probation when they have completed all conditions specified by the Promotion and Review Board. Any probationary period will be a minimum of one year, to allow sufficient time for close monitoring of student performance.
- Students may be asked to withdraw from the school, if they:
  - Are repeating an academic year and fail two courses,
  - Are on academic probation and do not complete conditions specified by the Promotion and Review Board, or
  - Fail to meet the Harvard Medical School standards of professional conduct and responsibility.

The performance of all students who fail the United States Medical Licensing Examination (USMLE) Step I or Step II will be reviewed by the Promotion and Review Board. The Promotion Board may dictate a plan of study for continuing clinical work and/or retaking of the exam. This rule may be modified by the Board for students with no other academic problems.

Rules Governing Graduation
Promotion and granting of the MD degree require both satisfactory completion of courses and the required credits, and demonstration by the student of responsible conduct. Any notation that a student has failed to meet the HMS standards of conduct and responsibility must be detailed to the student, the Society, and the Subcommittee on Student Conduct and Responsibility of the Academic Societies Promotion and Review Board. All notations of concern are reviewed by the Subcommittee. Pending the outcome of this review and any subsequent investigations and appeals, the Academic Societies Promotion and Review Board, reporting to the faculty, has the responsibility of determining whether or not a given student should be promoted and graduated.

In its review of student progress, the Promotion and Review Board will take note of student status relative to the dates of administration of the USMLE Steps I & II to ensure timely application for these exams. It is strongly recommended that students take the applicable Step exam at their first opportunity, thereby allowing for a retake of the exam (if necessary) prior to the expected graduation date.

Students must pass the United States Medical Licensing Examination (USMLE) Steps I and II to be eligible for graduation.

HARVARD MEDICAL SCHOOL POLICY AND PROCEDURES ON STUDENT RIGHTS AND RESPONSIBILITIES

The Faculty of Medicine has the right and the responsibility to assure that each student, while enrolled in Harvard Medical School and up to the point of graduation, demonstrates the academic achievement, character, and ethical stature appropriate to the practice of medicine. The mechanisms by which those responsibilities are to be discharged is described here.

A Standing Committee on Rights and Responsibilities (SCRR) comprised of fifteen voting members of the Faculty of Medicine of diverse experience, as described below, is appointed by the Dean of the Faculty. Each member serves a three-year term, with the possibility of reappointment. These terms will be staggered so that each year approximately one-third of the Committee will retire and new members will be appointed.

The Chair of the SCRR is appointed by the Dean of the Faculty. The Chair and Vice Chair of the Academic Societies Promotion and Review Board (ASPRB) and the Associate Dean for Student Affairs serve as *ex-officio* members of the SCRR. The remaining 12 members comprise a diverse group drawn from the voting members of the Faculty, all of whom have demonstrated interest and involvement in training or teaching of medical students.

Members of the SCRR will be designated, as needed, to function as members of:

- the Appeals Panel under the Procedures for Consideration of Academic Performance;
- Conduct and Appeals Panels under the Procedures for Consideration of Unprofessional Conduct; and
- Grievance and Appeals Panels under the Procedures for Resolving Complaints of Discrimination, Harassment, or Unprofessional Relations and Abuse of Authority.

In any case where additional or special expertise would be useful, the Dean may designate other members of the senior faculty of the University to serve on these Panels.

General Principles

These procedures will be implemented with fairness, objectivity, and thoroughness and with appropriate regard for the reputation of individuals. To that end, the confidentiality of these procedures will be maintained to the extent consistent with their effective use and with other obligations of the Faculty.

These are academic, not legal, procedures. Any evidence that a reviewing body deems relevant and trustworthy may be considered. Formal rules of evidence do not apply. In any matter, a reviewing body will have access to and may consider a student's academic or disciplinary record as a whole. A student may be accompanied to any appearance before a reviewing body by an advisor who is a member of the student body, faculty, or administrative staff of the Medical School. Although a student may seek legal advice with respect to these procedures, the student may not be represented by an attorney before a reviewing body and attorneys will not attend interviews of a student or other witnesses by a reviewing body. The Dean of the Faculty, the Dean for Medical Education and the Associate Dean for Student Affairs may attend any interview or meeting by a reviewing body.

Reviewing bodies are permitted and encouraged to take advantage of University staff and resources including technical, legal, administrative, and medical resources in discharging their responsibilities under these procedures. Specifically, counsel for the University may be involved to provide legal advice and staff support to a reviewing body, but will not serve in a prosectorial or other advocacy role. Counsel for the University will not attend interviews of a student or other witnesses by a reviewing body.

Information obtained from the student in confidence by the University Health Services or other health care provider, whether medical or psychiatric, will not be sought by a reviewing body nor disclosed to a reviewing body without the student's consent. The absence of such information may, however, properly preclude the reviewing body from considering a medical excuse, explanation, or justification in a particular case. A reviewing body may require, in connection with its deliberations or as part of a remedial or corrective action or sanction, that a student obtain medical or psychiatric assistance and may require that the student consent to disclosure of relevant information from that health care provider to the reviewing body or its designee.

A student may object for good cause, such as evidence of conflict of interest or bias, to the service of any member of a reviewing body. Such objection must be in writing, must fully state the reasons for the objection, and must be received by the Chair of the SCRR within three days after the student is notified of the membership of a reviewing body. The Chair of the SCRR may, if warranted, remove and replace a member of a reviewing body.

These procedures may be supplemented or modified, upon prior notice to the student, when necessary to achieve a full and fair resolution of the matter.

Remedial and corrective actions and sanctions that may be imposed under these procedures include, but are not limited to academic remediation, personal counseling, community service, warning, reprimand, censure, probation, and requirement to withdraw. In disciplinary cases where the sanction is dismissal or expulsion from the Medical School, a two-thirds vote of the Faculty Council is required. Where the remedial or corrective action or sanction is probation of any kind, the decision of the reviewing body must specify the conditions and duration of the probation and the conditions for its termination. The SCRR is responsible for assessing the satisfactory completion of the conditions of any probation and for terminating it. Imposition of a remedial or corrective action or sanction under these procedures will be included in the student's Dean's Letter and given the weight that the Society Master and Associate Dean for Student Affairs determine that it deserves in the context of that letter.

The term "reviewing Body" refers to any individual or Panel with responsibility for fact-finding or decision-making under these procedures. Administrative titles used in these Procedures may change from time to time.

The term "days" as used herein means business days.

PROCEDURES FOR CONSIDERATION OF ACADEMIC PERFORMANCE

A student's concern about grades, evaluations, or reports of academic or clinical performance should be raised with the course director, who has ultimate authority over such grades, evaluations, and reports in his or her course. If such concerns are not satisfactorily resolved, the student may then bring the concerns to the attention of the Master or Associate Master of his or her Academic Society, who may consult with the course director to discuss the appropriateness of the grade, evaluation, or report in order to assist the student in understanding the basis for the grade, evaluation, or report. In all such cases, the decision of the course director is binding.

The Academic Societies Promotion and Review Board (ASPRB) reviews at regular intervals all grades, evaluations, and reports of academic and clinical performance. It is understood that inappropriate or irresponsible conduct by a student in connection with his or her academic or clinical activities will be considered by the ASPRB under these procedures. Such conduct may include, but is not limited to, breaches of trust or confidence in personal actions including cheating, plagiarism, or unauthorized use of materials in academic exercises or examinations; misrepresentations, distortions or serious omissions in data or reports in research or clinical care; abuse, misrepresentation, or other seriously improper conduct in relation to patients or colleagues in clinical training or academic settings; repeated failures without adequate excuse to meet assigned obligations in professional, clinical or research training programs; and other standards of professional conduct and responsibility.

Any student showing a deficiency of academic or clinical performance, or where concerns arise about inappropriate or irresponsible conduct, will be notified in writing of the decision of the ASPRB with respect to remedial action or sanction. A copy of such notice is sent to the student's Society Master. The student and/or Society Master may be asked to respond to the stated concerns of the ASPRB.

A student may apply to the ASPRB to reconsider its decision with respect to remedial action or sanction. The application must be in writing and must contain a full statement of the reasons upon which reconsideration is requested. The application must be received by the ASPRB within two weeks of the student's receipt of notice of the decision on remedial action or sanction. The ASPRB may affirm, revise, or revoke its decision. Written notification of the action on reconsideration will be sent to the student and to his/her Society Master, ordinarily within two weeks of receipt of the application for reconsideration. Such notification will constitute the final action of the ASPRB.

A student may appeal the final action of the ASPRB to a three member Appeals Panel designated by the Chair of the Standing Committee on Rights and Responsibilities (SCRR) in consultation with the Chair of the ASPRB. The student's appeal must be in writing and must contain a full statement of the reasons upon which an appeal is requested. The appeal must be received by the Appeals Panel within two weeks of the date of final action by the ASPRB. The Appeals Panel will hear the student in person, and will review the documentary record. The Appeals Panel may adduce and consider any other information it deems useful in reaching a decision. The Appeals Panel will submit a written report of its findings and recommendations to the Dean for Medical Education. The student may request review of the decision of the Appeals Panel by the Dean of the Faculty of Medicine. Any such request for review must be received by the Dean of the Faculty of Medicine within one week of the date of the decision of the Appeals Panel. The Dean of the Faculty of Medicine will review the matter, in consultation with the Faculty Council, Council of Masters, or others if he wishes, and will provide written notice of his decision to the student and to his/her Society Master. The decision of the Dean of the Faculty of Medicine will be final and binding.

PROCEDURES FOR CONSIDERATION OF UNPROFESSIONAL CONDUCT

Information evidencing the possibility that a student has engaged in conduct inappropriate to the medical profession will be brought to the attention of the Dean for Medical Education and/or the Associate Dean for Student Affairs.

Conduct inappropriate to the medical profession may include, but is not limited to, dishonesty, willful destruction of property, substance abuse, violence or threat of violence, serious breach of trust or confidence, or other misconduct, misrepresentation, or failures in personal actions, or in meeting obligations as to raise serious, unresolved doubts about the integrity, character and faithfulness of the student in meeting the overall obligations of a medical career. Illegal, unethical or other behavior inappropriate to the medical profession that is engaged in by a student outside of the Medical School community may be considered and addressed under these procedures.

Upon receipt of information evidencing a possibility that a student has engaged in conduct inappropriate to the medical profession, a screening committee comprised of the Dean for Medical Education, the Associate Dean for Student Affairs, the student's Society Master, and the Chair and Vice Chair of the Academic Societies Promotion and Review Board (ASPRB) will review the information and decide whether to dismiss it as frivolous or lacking in credibility, resolve it informally, or forward it for further action. Where the health, safety, or welfare of students, patients, or other members of the Medical School community are deemed to be at risk, the screening committee may suspend the student from the Medical School or take any other protective action pending the outcome of these procedures.

When information evidencing the possibility of conduct inappropriate to the medical profession implicates both the rules and functions of the ASPRB and the Procedures for Resolving Complaints of Discrimination, Harassment, or Unprofessional Relationships and Abuse of Authority, the screening committee, in consultation with the Harvard Medical School Ombudsperson when appropriate, will determine which procedure will apply but ordinarily the matter will be handled by the ASPRB. Where both the Procedures for Consideration of Unprofessional Conduct and those of the ASPRB may apply, the screening committee will determine which procedure will apply, but ordinarily the matter will be handled under the Procedures for Consideration of Academic Performance. Where both the Procedures for Consideration of Unprofessional Conduct and the Procedures for Resolving Complaints of Discrimination, Harassment, or Unprofessional Relationships and Abuse of Authority may apply, ordinarily the matter will be handled under the Procedures for Consideration of Unprofessional Conduct.

When the student is simultaneously a candidate for a degree in another faculty, the Associate Dean for Student Affairs will consult with that faculty to decide which faculty will take primary responsibility for resolving the question of unprofessional conduct and will determine a common action before advising the student. When further action by the Faculty of Medicine is deemed to be warranted, the student and his/her Society Master will be promptly notified in writing by the Associate Dean for Student Affairs.

When further action is deemed to be warranted, the screening committee will appoint an independent fact-finder. The fact-finder will be a Harvard administrator or faculty member drawn from the Medical School or elsewhere. The fact-finder will interview the student and may interview other individuals with relevant knowledge, solicit written statements, review the documentary record, and undertake whatever action is required to elucidate the facts of the matter. At the conclusion of his/her inquiry, the fact-finder will prepare a written report describing the inquiry process and his/her findings of fact, identifying any disputed facts. Ordinarily, it is expected that fact-finding will be completed within thirty days. The fact-finder's report will be submitted to the Associate Dean for Student Affairs who will provide it to the student for his/her written comments. Any comments must be submitted to the Associate Dean for Student Affairs within ten days of receipt of the fact-finder's report and will be forwarded, along with the fact-finder's report, to the Chair of the SCRR.

The Chair of the Standing Committee on Rights and Responsibilities (SCRR), in consultation with the Associate Dean for Student Affairs, will convene a three member Conduct Panel comprised of at least two members of the SCRR. The third member of the Conduct Panel may be drawn from the senior faculty of the University when additional or special expertise would be useful. The Conduct Panel will receive the report of the fact-finder and any written comments submitted by the student. The Conduct Panel will interview the student, and may undertake any other action it deems necessary to arrive at its conclusions and recommendations in the matter. The Conduct Panel will prepare a written report, including its conclusions and recommendations for corrective action or sanctions, that will be submitted to the Chair of the SCRR and to the Associate Dean for Student Affairs, ordinarily within two weeks of receipt of the report of the fact-finder and the student's comments. The Associate Dean for Student Affairs will provide the report of the Conduct Panel to the student and to his/her Society Master.

The student may appeal the decision of the Conduct Panel to a three member Appeals Panel comprised of two previously uninvolved SCRR members and one senior member of the faculty designated by the Dean of the Faculty of Medicine. The appeal must be in writing and must contain a full statement of the reasons upon which the appeal is requested. The appeal must be received by the Associate Dean for Student Affairs within two weeks after the student's receipt of the decision of the Conduct Panel.

The Appeals Panel will consider the decision of the Conduct Panel and the reports upon which it is based, and will interview the student. The Appeals Panel may interview other individuals with relevant knowledge, review the documentary record, and adduce and consider any other information deemed useful in arriving at its decision. The Appeals Panel may affirm, revise (make more or less severe) or revoke the conclusions and the recommendations of the Conduct Panel. The Appeals Panel will submit a written report of its conclusions and recommendations for corrective action or sanctions to the Dean for Medical Education.

The student may request review of the decision of the Appeals Panel by the Dean of the Faculty of Medicine. A request for review must be received within one week of the decision of the Appeals Panel. The Dean of the Faculty of Medicine will review the matter, in consultation with others if he wishes, and will provide the student and his/her Society Master with written notification of his decision. The Dean's decision will be final and binding, except in cases of dismissal or expulsion in which a vote of two-thirds of the Faculty Council is required.

HARVARD MEDICAL SCHOOL AND HARVARD SCHOOL OF DENTAL MEDICINE PROCEDURES FOR RESOLVING COMPLAINTS OF DISCRIMINATION, HARASSMENT, OR UNPROFESSIONAL RELATIONSHIPS AND ABUSE OF AUTHORITY

I. STATEMENTS OF POLICY

A. Non-Discrimination

The President and Fellows of Harvard College have adopted the following statement of nondiscrimination policy applicable to all programs and activities of Harvard University. The Harvard Medical School (HMS) and the Harvard School of Dental Medicine (HSDM) affirm and apply these principles:

> Harvard University's policy is to make decisions concerning applicants, students, faculty and staff on the basis of the individual's qualifications to contribute to Harvard's educational objectives and institutional needs. The principle of not discriminating against individuals on the basis of race, color, sex, sexual orientation, religion, age, national or ethnic origin, political beliefs, veteran status, or disability unrelated to job or course of study requirements is consistent with the purposes of a university and with the law. Harvard expects that those with whom it deals will comply with all applicable antidiscrimination laws.

B. Discriminatory Harassment

It is the strong and consistent policy of the Harvard Medical School and the Harvard School of Dental Medicine to treat all members of the HMS/HSDM community with respect, to provide an environment conducive to learning and working, and to ensure equal access to rights, privileges and opportunities without regard to race, color, sex, sexual orientation, religion, age, national or ethnic origin, political beliefs, veteran status, or disability. Harassment on the basis of these characteristics is inconsistent with these principles and violates obligations of non-discrimination imposed by law and Harvard policy.

Harvard Medical School and the Harvard School of Dental Medicine value and are committed to diversity of views and to principles of free inquiry and expression. All members of the HMS/HSDM community have the right to hold and vigorously defend and promote their opinions. Respect for this right requires that community members tolerate even expressions of opinions that they may find repugnant or offensive. There are, however, obligations of civility and respect for others that underlie rational discourse. Racial, sexual, and intense personal harassment not only show grave disrespect for the dignity of others, but also prevent rational discourse. Behavior evidently intended to dishonor such characteristics as race, gender, national origin or ethnic group, religious belief, or sexual orientation is contrary to the pursuit of inquiry and education and may be discriminatory harassment violative of law and Harvard policy. Such grave disrespect for the dignity of others may be addressed and punished under these or other existing procedures where it violates the balance of rights upon which a University is based. It is expected that when there is a need to weigh the right of freedom of expression against other rights, the balance will be struck after a careful review of all relevant facts and will be consistent with established First Amendment standards.

C. Sexual Harassment

Sexual harassment is unacceptable because it interferes with a person's dignity and well-being in the HMS/HSDM community, seriously undermines the atmosphere of trust essential to the academic enterprise, and is discrimination violative of law and Harvard policy. The determination of what constitutes sexual harassment will vary with the particular circumstances, but it may generally be described as unwelcome behavior of a sexual nature (including but not limited to physical contact; verbal conduct including comments, invitations, questions, suggestions, or jokes; staring or leering) that meet at least one of the following three criteria: (1) submission to such conduct is, either explicitly or implicitly, a term or condition of an individual's employment or educational experience; or (2) submission to or rejection of such conduct is used as a basis for making employment or educational decisions affecting an individual; or (3) such conduct unreasonably interferes with an individual's work or academic performance or creates a pervasively and objectively hostile work or learning environment. In the academic context, a particularly serious occurrence of sexual harassment exists when attention of a sexual nature by a faculty member, fellow, supervisor, or other officer is directed to an individual over whom he or she is in a position to exercise professional power. Sexual harassment can also occur between persons of the same HMS or HSDM status.

D. Unprofessional Relationships and Abuse of Authority

Amorous relationships that might be appropriate in other circumstances have inherent dangers when they occur between any HMS or HSDM faculty, fellow, or officer and any person over whom he/she has a professional responsibility, e.g., as a teacher, advisor, preceptor, or supervisor. Such relationships are fundamentally asymmetric, unprofessional, and an abuse of authority.

HMS and HSDM faculty, fellows, and officers should be aware that any romantic involvement with students, junior colleagues, or staff members over whom they have supervisory or instructional responsibility makes them liable to complaint and formal action under these procedures. Even when both parties have initially consented to such a relationship, it is the faculty member, instructor, or officer who, by virtue of his/her special responsibility, may be held accountable for the unprofessional relationship or abuse of authority. Such relationships occurring outside a present or direct instructional or employment context are also to be avoided to eliminate the possibility that unexpected circumstances may place the faculty member, instructor or officer in an instructional, evaluative, or supervisory position with respect to the other individual. In addition, such relationships are to be avoided because they may create an impression on the part of colleagues of inappropriate or inequitable academic or professional advantage or favoritism that is destructive of the learning or working environment.

II. GENERAL PRINCIPLES

A. All persons charged with responsibility under these procedures will discharge their obligations with fairness, objectivity and rigor.

B. All activities under these procedures will be conducted with regard for the legitimate privacy and reputational interests of the complainant and respondent. It is expected that complaints and other activities under these procedures will be confidential. However, disclosure of otherwise confidential information may be made where necessary to protect the health, safety or well-being of the complainant or others in the HMS/HSDM community, to comply with legal obligations of the University, or where, in the judgment of the Dean, certain disclosure would be in the best interest of the parties or the University.

C. All individuals and panels charged with responsibilities under these procedures are encouraged to take advantage of technical, administrative, legal, medical and other resources available at the University. Specifically, counsel for the University may be consulted and involved in all stages of these procedures to provide advice and support to responsible individuals or panels, but not to serve as advocates or counsel for either the complainant or respondent.

D. These are academic, not legal procedures. Any evidence that a fact-finder or panel deems relevant and trustworthy may be considered. Formal rules of evidence do not apply. Although complainants and respondents may seek legal advice, it is not expected that attorneys will represent individuals in appearances before individuals or panels charged with responsibility under these procedures.

E. A person subject to a complaint under these procedures may object for good cause, such as evidence of conflict of interest or bias, to the service of any person as a fact-finder or panel member. Such objection must be in writing, must fully state the reasons for the objection, and must be received by the Chair of the Standing Committee on Rights and Responsibilities (SCRR) within three days after the person is notified of the identity of a fact-finder or the membership of a panel. The Chair of the SCRR may, if warranted, remove and replace a fact-finder or panel member.

F. The Ombudsperson will inform and consult with officers of affiliated institutions, other faculties, and relevant external agencies to meet the legal and good faith obligations of the Faculty.

G. The term "days" as used herein means business days.

H. Upon prior notice to the parties, these procedures may be modified in order to reach a full and fair resolution of the complaint.

I. The composition and function of the SCRR is described in the Harvard Medical School *Policy and Procedures on Student Rights and Responsibilities.*

III. RESOURCES FOR COUNSELLING, ADVICE, AND INFORMAL RESOLUTION

In many instances, counselling, advice, informal discussion or mediation may be useful in resolving perceived instances of discrimination, harassment, unprofessional relationships and abuse of authority, or other conflicts between members of the HMS/HSDM community. A variety of resources are available for these purposes.

A. Officers of the Medical School and the School of Dental Medicine

Concerns, problems, questions, and complaints may be discussed with anyone in a supervisory position within the HMS/HSDM community including a faculty member, instructor, tutor, lab director, residency training director, Society Master, division chief, department head, or dean. The assistance provided may include counselling, coaching, or direction to other HMS/HSDM resources or processes.

B. Office of the Ombudsperson

A professionally trained Ombudsperson is available through the Medical School to assist in the informal and formal resolution of concerns or complaints of discrimination, harassment, unprofessional relationships and abuse of authority, or other conflicts between members of the

HMS/HSDM community. The role of the Ombudsperson is to provide assistance in a neutral capacity and not to act as an advocate for any individual or point of view.

1. *Informal Resolution*

   The Ombudsperson may be particularly helpful in advising, coaching, mediating, and otherwise facilitating an informal resolution of a concern or complaint. The Ombudsperson is also equipped to provide advice and access to other HMS/HSDM resources or to formal complaint procedures.

2. *Confidentiality*

   Information disclosed to the Ombudsperson in the informal process will ordinarily be held in confidence unless and until the reporting individual agrees that another party or parties may be informed to facilitate a resolution. In cases where the information received by the Ombudsperson indicates a violation of law or a risk to the health, safety, or well-being of the reporting individual or others, the Ombudsperson may disclose relevant information to others on a need to know basis.

3. *Communications*

   The Ombudsperson will apprise the reporting individual of progress made towards an informal resolution of his/her concern or complaint. If the complaint cannot be resolved by informal means, the Ombudsperson will provide advice about the availability of formal procedures.

4. *Outreach and Education*

   The Ombudsperson, in consultation with other responsible HMS and HSDM officers, will provide a program of education on issues of discrimination, harassment, diversity and like subjects to members of the HMS/HSDM community. The Ombudsperson will prepare and disseminate appropriate educational materials. The Ombudsperson will convene the SCRR once each academic year and will provide members with relevant training. The Ombudsperson will act as a liaison with affiliated institutions on the development and implementation of policies and procedures relating to discrimination, harassment, and abuse of authority and unprofessional relationships, and will serve as a liaison between such institutions in the handling of any particular matter. The Ombudsperson will prepare an annual report on the number, nature, and disposition of complaints coming to his/her attention. The Ombudsperson will serve as a resource for the Deans of the Faculties of Medicine and Dental Medicine and other responsible HMS or HSDM administrators on issues relating to discrimination, harassment, abuse of authority and unprofessional relationships and related matters. The Ombudsperson will serve as a liaison between HMS and HSDM and other Harvard faculties with respect to the work of the Office and matters of mutual concern.

IV. FORMAL COMPLAINT PROCEDURES

The formal procedures described below are available to resolve complaints of discrimination, harassment, and abuse of authority/unprofessional relationships involving members of the HSDM/HMS faculty. Formal complaints involving other members of the HMS/HSDM community are addressed by other established procedures. The Ombudsperson is equipped to advise a complainant as to what avenues of redress may be available.

A. Jurisdiction

1. Complaints Against Individuals at Affiliated Institutions

(a) If the individual against whom a complaint is lodged has no HMS or HSDM affiliation, these procedures will not apply. While the Ombudsperson may be informed about the case and may provide advice and assistance, any formal proceedings will be within the jurisdiction of the affiliated institution

(b) If the individual against whom a complaint is lodged has an HMS or HSDM affiliation, he/she is subject to these procedures in addition to any procedures of the affiliated institution that may be applicable. The Ombudsperson will be in communication with and will seek the cooperation of responsible officials of the affiliated institution to initiate joint, and to avoid duplicative, proceedings where possible.

2. Complaints Against Individuals with an HMS or HSDM affiliation.

(a) If the individual against whom a complaint is lodged is an HMS or HSDM faculty member, the Ombudsperson will consult with the HMS Dean for Faculty Affairs and/or the Chair of the HMS Committee on Faculty Conduct. Ordinarily, such a complaint will be handled under these procedures; provided however, that complaints of discrimination in HMS or HSDM appointments or promotions will ordinarily be handled by the Committee on Consultation and Appeals.

(b) If the individual against whom a complaint is lodged is an HMS or HSDM student, the Ombudsperson will consult with the Screening Committee established under the *Procedures for Consideration of Unprofessional Conduct* and, in the case of an HSDM student, with the HSDM Associate Dean for Curriculum and Student Affairs. Ordinarily, such a complaint will be handled under the *Procedures for Consideration of Unprofessional Conduct.*

(c) If the individual against whom a complaint is lodged is an HMS or HSDM non-exempt staff member represented by the Harvard Union of Clerical and Technical Workers (HUCTW), the Ombudsperson will consult with the HMS Office of Human Resources. Ordinarily, such a complaint will be handled under the procedures of the HUCTW *Personnel Manual.*

(d) If the individual against whom a complaint is lodged is an HMS or HSDM exempt staff member, the Ombudsperson will consult with the HMS Office of Human Resources. Ordinarily, such a complaint will be handled under the procedures of the *Harvard University Personnel Manual.*

(e) Where there is uncertainty or dispute as to which committee or procedure has jurisdiction over a complaint, the matter will be referred to the Dean of the Faculty of Medicine and/or the Dean of the Faculty of Dental Medicine for consultation and decision.

(f) Where these procedures and those of another institution or another HMS or HSDM committee are involved, the Ombudsperson will be responsible for ensuring that all lines of communications are in place and that all processes are appropriately coordinated.

B. Formal Complaint Procedure

1. Initiation and Screening of a Formal Complaint

(a) A formal complaint is initiated when a full written and signed statement of the complaint is submitted to the Ombudsperson. Prompt submission of complaints is encouraged. The Ombudsperson will discuss the matter with the complainant and will describe the review process.

Such complaints and any related information will be held in confidence to the degree reasonably practicable under the circumstances;

(b) The Ombudsperson will promptly undertake a review of the complaint and, in consultation with the Chair of the SCRR, may dismiss it without further process or review if the complaint on its face is frivolous, insubstantial, not credible, clearly without merit, or outside the scope of these procedures.

(c) If the complaint is not dismissed, the statement of complaint will be provided to the respondent and he/she will be required to respond in writing to the Ombudsperson within ten days. This response will be provided to the complainant for comment. Any such comments will be in writing directed to the Ombudsperson and will be received within ten days.

2. *Fact-Finding*

(a) The Ombudsperson, or his/her designee, will meet with the complainant and respondent and may interview other individuals with relevant knowledge, review any documentary evidence, and take any other action deemed necessary to establish the facts of the matter. The Ombudsperson is permitted and encouraged to take advantage of University technical, administrative, legal, and medical resources in his/her investigation.

(b) The Ombudsperson, or his/her designee, will prepare a written report stating the relevant facts and identifying any disputed facts. The fact-finding report will be provided to both the complainant and respondent for comment and any comments must be received by the Ombudsperson within ten days after receipt of the report for comment.

(c) The Ombudsperson will seek to resolve the complaint at this stage. If the complaint is not satisfactorily resolved, a grievance panel will be convened.

3. *Grievance Panels*

(a) When a formal complaint cannot be resolved by the Ombudsperson after fact-finding and discussion, a three member grievance panel will be selected by the SCRR Chair and Ombudsperson from the members of the SCRR. In any case where additional or special expertise would be useful, the Chair of the SCRR, in consultation with the HMS or HSDM Dean, as appropriate, may designate members of the senior faculty of the University, other than those serving on the SCRR, to membership on a grievance panel.

(b) The grievance panel will consider the fact-finding report of the Ombudsperson or his/her designee, and the written submissions of the complainant and respondent, and will meet with each of them. The grievance panel may interview other individuals with relevant knowledge, review documentary evidence, and take any other action to adduce and consider relevant information. The grievance panel may dismiss the complaint at this point if it determines the complaint to be frivolous, not credible, insubstantial or without merit.

(c) The grievance panel will prepare a written report of its findings, conclusions, and recommendations and will provide its report to the complainant and respondent for review and comment. Any comments must be in writing and submitted to the Ombudsperson within ten days of receipt of the report of the grievance panel. If not appealed, the decision of the grievance panel is the final resolution of the complaint.

4. Appeals Panels

(a) Either the complainant or the respondent may appeal the decision of the grievance panel. Any appeal must be in writing and must state in detail the reasons upon which the appeal is based. The appeal must be submitted to the Ombudsperson within seven days of the decision of the grievance panel. The non-appealing party will be provided with a copy of the appeal and may respond to it in writing within seven days.

(b) A three member appeals panel will be appointed by the Dean of the Faculty of Medicine, in consultation with the Dean of the Faculty of Dental Medicine when the parties are affiliated with the HSDM. The appeals panel will be drawn from previously uninvolved members of the SCRR. In any case where additional or special expertise would be useful, or for other good cause, the Chair of the SCRR, in consultation with the HMS or HSDM Dean, as appropriate, may designate members of the senior faculty of the University, other than those serving on the SCRR, to membership on an appeals panel.

(c) The appeals panel will review the report of the grievance panel, any underlying documents, the appeal, and the response of the non-appealing party. The appeals panel may undertake any other action it deems necessary to inform its decision. The appeals panel will prepare a written report, including conclusions and recommendations for resolution, that will be provided to the complainant, the respondent and to the HMS Dean or HSDM Dean, as appropriate. If no review is requested, the decision of the appeals panel is the final resolution of the complaint.

(d) Either party may request that the HMS or HSDM Dean, as appropriate, review the matter. Any such request for review must be in writing and received by the Office of the Dean within seven days of the decision of the appeals panel. The Dean will review the matter, in consultation with others as he sees fit. The decision of the Dean will on the matter will be final and binding.

C. Penalties and Corrective Action

Penalties and corrective actions may be imposed for violation of the policies on discrimination, harassment, and unprofessional relationships and abuse of authority. These will vary depending on the nature of the case. Penalties and corrective actions may include, but are not limited to, counselling, warning, reprimand, suspension, probation, monitoring, community service, and separation from the School. The responsible Office of the Dean is responsible for ensuring that all penalties and corrective actions are implemented. The Ombudsperson will monitor implementation, in consultation with others as appropriate.

Policy on Student Mistreatment

College of Medicine

University of Tennessee, Memphis

June 20, 1994

1. Introduction

This policy on student mistreatment has three main components: a statement of College of Medicine standards of behavior, with regard to mistreatment; a description of methods used in the ongoing education of the college community concerning the standards of behavior and the process by which they are upheld; and a description of the College of Medicine process for responding to allegations of mistreatment.

The statement of College of Medicine standards of behavior with regard to mistreatment is as follows:

College of Medicine Standards of Behavior in a Learning Environment

> The University of Tennessee College of Medicine has a responsibility to foster in medical students, postgraduate trainees, faculty, and other staff the development of professional and collegial attitudes needed to provide caring and compassionate health care. To nurture these attitudes and promote an effective learning environment, an atmosphere of mutual respect and collegiality among teachers and students is essential. While such an environment is extremely important to the educational mission of the College of Medicine, the diversity of members of the academic community combined with the intensity of interactions that occur in the health care setting may lead to incidents of inappropriate behavior or mistreatment. The victims and perpetrators of such behavior might include students, preclinical and clinical faculty, fellows, residents, nurses, and other staff. Examples of mistreatment include: sexual harassment; discrimination based on race, gender, religion, ethnic background, sexual orientation, handicapping condition, or age; and purposeful humiliation, verbal abuse, threats, or other psychological punishment. Such actions are contrary to the spirit of learning, violate the trust between teacher and learner, and will not be tolerated by the College of Medicine.
>
> To promote an environment respectful of all individuals, the College of Medicine will provide ongoing education to students, residents, fellows, faculty, and other staff emphasizing the importance of professional and collegial attitudes and behavior. Also, the college will make available a readily accessible neutral party (called a mediator) whom students may approach if they believe they have been mistreated. A process has been established to seek reconciliation between the parties

in cases of alleged mistreatment. This process seeks to protect the accuser from retaliation and to protect the rights of all parties involved in a complaint. Through these efforts the college will maintain an atmosphere essential to its educational mission in the training of physicians.

* * * * *

For purposes of this policy, to mistreat is to treat in a harmful, injurious, or offensive way. The following are examples of types of mistreatment:

- to speak insultingly or unjustifiably harshly to or about a person
- to belittle or humiliate
- to threaten with physical harm
- to physically attack (e.g., hit, slap, kick)
- to require to perform personal services (e.g., shopping, babysitting)
- to threaten with a lower grade for reasons other than course/clinical performance

Accusations of racial or gender discrimination or harassment are not handled under this policy but rather by the UT Memphis Affirmative Affairs Director. Similarly, disputes over grades are handled not by this policy but by College of Medicine academic policies as described in the Center Scope.

2. Ongoing Education Concerning Mistreatment

In teaching effectively, part of the teacher's task is to maintain a positive atmosphere for learning. In medical education, an equally important role of teachers is to emphasize appropriate values including an attitude of caring. One of the effective ways in which teachers can emphasize this attitude of caring and promote a positive learning environment is to show an attitude of respect toward their students. Such an attitude can be demonstrated by providing support and encouragement to students and showing an interest in their educational development. Mistreatment of students represents the opposite of a supportive and caring approach to teaching.

Education of the college community concerning mistreatment serves several purposes. First, it promotes a positive environment for learning, characterized by attitudes of mutual respect and collegiality. Second, it informs persons who believe that they have been mistreated that avenues for seeking redress are available. Third, it alerts potential perpetrators of mistreatment to the college's policy on and process of responding to allegations of mistreatment.

Educational efforts will be directed to all members of the college community. Moreover, special efforts will be made to ensure that the educational message reaches certain groups at risk of being involved in mistreatment as victims or perpetrators. Specifically, these include the following: preclinical and clinical students; residents; preclinical and clinical faculty; and nurses.

Appropriate methods of communicating to specific groups are as follows:

a. Medical students

A section on mistreatment will be included in the College of Medicine section of the student handbook, the Center Scope. Each year this topic will be included in the agenda for M-1 orientation, M-2 orientation, and the orientation to the third year. Reference will be made to this topic in the course policies

for each preclinical course and each clinical rotation.

b. Faculty, Residents, and Fellows

An informative written message will be sent each year from the Dean's office to all department chairs. The Dean will direct the preclinical department chairs to convey the information to all course directors of M-1 and M-2 courses. The course directors, in turn, will present the information to all faculty involved in teaching their courses. The Dean will direct the clinical department chairs to convey the information to the clerkship and program directors to assure that all faculty, fellows, and residents in their departments are cognizant of the policy.

c. Nurses

An informative written message will be sent each year from the Dean's office to the nurse executive at each hospital, to explain the program. These include, but are not limited to, the following: The Regional Medical Center at Memphis (The Med); The Veterans Affairs Medical Center; Le Bonheur Children's Medical Center; The University of Tennessee William F. Bowld Hospital; Memphis Mental Health Institute; Baptist Memorial Hospital -- Medical Center; Baptist Memorial Hospital -- East; Methodist Hospital -- Central; St. Francis Hospital; Jackson-Madison County Hospital, in Jackson; Erlanger Medical Center, in Chattanooga; and the University of Tennessee Medical Center, in Knoxville.

3. Process for Responding to Allegations of Mistreatment

a. Introduction

When an allegation of mistreatment occurs, the parties directly involved should try to resolve the matter themselves, since many such incidents are amenable to resolution in this manner. In some situations, however, this informal approach might be hindered by various factors, including reluctance of the accuser to approach the accused, intransigence of the accused, or differing perceptions of the incident by the parties involved. In such cases, a more formal alternative process is available for resolving the matter. This process is designed to be fair to both the accuser and the accused and to be perceived by the accuser as effective, impartial, and unlikely to result in retaliation.

b. The Mediator

The position of "mediator" has been established to help resolve such conflicts. The role of the mediator, as the name implies, is to mediate between the conflicting parties and strive for reconciliation. Either the accuser or the accused may contact the mediator to seek assistance in resolving the conflict. The mediator will encourage the parties to work out the problem between themselves, but also will be available as a facilitator of this process. To achieve neutrality, as well as the appearance of neutrality, the mediator is chosen from the nonadministrative faculty in the College of Medicine. The mediator is appointed by the Dean after consultation with the Medical Student Executive Council, the Executive Committee of the Faculty Organization of the College of Medicine, and the Administrative Council. The mediator is accountable to the Dean concerning advocacy matters.

c. The Conflict-Resolution Council

It is anticipated that the mediator's assistance will result in the resolution of most cases brought to

her/his attention. However, if a reasonable effort does not yield a solution, the mediator has a council available to help resolve the case. The council also is available for any case in which the accuser or the accused is not satisfied with the results obtained through the mediator's efforts. The purposes of the council include the following: to ascertain the facts, to the extent feasible; to mediate between the parties; and to strive for reconciliation. The council will assess the evidence as objectively as possible, be fair in its deliberations, and protect the rights of the accused and accuser.

Four groups routinely will be represented on the council: preclinical students; clinical students; preclinical faculty; and clinical faculty. The eight-member council consists of two members from each group. A quorum consists of five members, with at least one member from each group. The mediator is not a member of the council. The council membership includes appropriate gender and minority representation. Student representatives are nominated by the Medical Student Executive Council, and faculty representatives by the Executive Committee of the Faculty Organization of the College of Medicine. Nominations for council members are submitted to the Dean, who appoints the council. Appointments are staggered so that the council always has experienced members. If in a given case the accused or accuser is not represented by groups on the council, the council may recruit additional members from appropriate groups (e.g., nurses, residents, fellows, staff, etc.) to help deal with the specific situation. Such recruitment is at the discretion of the council. There are two co-chairs of the council. One co-chair is elected each year from the student members of the council, and the other co-chair from the faculty members.

d. Council Procedures

The council becomes involved in a given case only after the mediator has made reasonable efforts to resolve it. When the council hears a case, the mediator, accuser, and accused are present. The council co-chairs are responsible for notifying the parties concerning the time and place of the council meeting. The proceedings begin with the mediator presenting the case. The accuser and accused both have an opportunity to speak and to bring witnesses to speak. The order of speakers is as follows: (1) the accuser; (2) witnesses for the accuser; (3) the accused; and (4) witnesses for the accused. The accused has the right to be present whenever statements are being made by the mediator, the accuser, or any witnesses. Similarly, the accuser has the right to be present during statements by the mediator, the accused, or witnesses. Witnesses will be present only when they are called to give information. After speaking, they will be asked to leave, in order to protect the confidentiality of the parties involved. Both the accused and accuser can be harmed by breaches of confidentiality, and all who are involved in the process of responding to allegations must maintain confidentiality. In some situations the mediator or council might be justified in communicating ordinarily confidential information to other university officials, provided there is a legitimate "need to know". The accuser and accused are not allowed to bring lawyers to council meetings as advocates, advisors, or observers, nor may they bring any other persons, except witnesses. This process is intramural and is anticipated to avoid complaints being filed outside the university.

When the council finds that serious mistreatment has occurred, a letter will be sent from the council to the Dean, summarizing the findings of the council. The Dean will then decide what action to take. The Dean or Dean's delegate (perhaps the mediator) will advise the accused and accuser concerning the final disposition of the matter.

Decisions about whether a letter should be sent to the Dean should be made on a case-by-case basis. It is a matter of judgment by the council, based on the degree of offensiveness of the behavior and the strength of evidence that the behavior occurred. Also, it is conceivable that the council might become aware of a history of recurring mistreatment behavior by a given individual. In such a situation, a letter might be warranted even if each occurrence of mistreatment behavior, considered alone, would not be regarded as serious enough to justify a letter. In general, if the conflicting parties satisfactorily resolve the matter

between themselves, the council might decide that a letter is not warranted. On the other hand, if the offense is serious or recurring, a letter might be appropriate even if the conflicting parties have reached a reconciliation. In exceptional circumstances it might be appropriate for the mediator to inform the Dean concerning a complaint before the council meets.

If it is the mediator's judgment that the council should be brought into a case, the accused does not have the right to prevent the council from meeting. A function of the council is to decide whether the matter should be brought to the attention of the Dean. It is in the interests of the accused to meet with the council, to attempt to prevent a letter to the Dean. If the accused refuses to attend the council meeting, the council will still meet to decide if a letter should be sent.

If a council member is approached by a student who believes that he/she has been mistreated, the council member will refer the student to the mediator.

Essential records are maintained by the mediator.

An additional duty of the council is periodically to evaluate and improve the ongoing education of the campus community concerning mistreatment.

e. **Protection from Retaliation**

Every effort will be made to protect alleged victims of mistreatment from retaliation if they seek redress. Although it is impossible to guarantee freedom from retaliation, it is possible to take steps to try to prevent it and to set up a process for responding to it. To help prevent retaliation, those who are accused of mistreatment will be informed that retaliation is regarded as a form of mistreatment. Accusations that retaliation has occurred will be handled in the same manner as accusations concerning other forms of mistreatment, using the mediator and council if needed.

f. **Relation to Other University Policies**

The proposed process for responding to allegations is compatible with current UT Memphis and College of Medicine policies for handling complaints. These include, but are not limited to, policies concerning complaints of alleged discrimination, sexual harassment, student and resident misconduct, and appeals of grades in courses and clerkships. Complaints concerning discrimination and sexual harassment must be submitted to the UT Memphis Affirmative Affairs Director. Allegations of student misconduct are addressed according to the provisions in the Center Scope, in the section "Student Conduct and Judicial Systems."

To ensure compatibility with current policies, this process for responding to allegations of mistreatment includes several features:

- The mediator must be knowledgeable concerning the various UT Memphis and College of Medicine policies for handling complaints.

- The mediator's role is to discern whether a given complaint should be handled by the mediator or through other channels. For example, if a student claims to have received an unfair grade, the mediator will advise the student to use the procedures currently in place for appealing grades, as described in the Center Scope section entitled "Appeal of Grades." Disputes over grades will be handled according to such policies,

rather than by the mediator.

- In cases involving accusations of discrimination or sexual harassment, the mediator will inform the accuser that she/he should submit a complaint to the UT Memphis Affirmative Affairs Director. The mediator must inform the Affirmative Affairs Director that the accusation has been made. The student then must meet with the Affirmative Affairs Director to decide whether further action should be taken.

- When faced with questions concerning the university's legal responsibilities, the mediator must seek advice from the UT Memphis Office of General Counsel.

- In some circumstances, the accused will have the right to an alternative hearing process in accordance with the provisions of the Uniform Administrative Procedure Act (UAPA), in lieu of appearing before the council. These situations include, but are not limited to, those involving alleged student, resident, or employee misconduct as defined by current university policies. An example would involve alleged physical abuse such as hitting or kicking. Whenever the accused has a right to the alternative UAPA hearing, the option of having such a hearing must be offered. The mediator will seek consultation from the Office of General Counsel to determine when the UAPA alternative should be offered.

- When it is the Dean's judgment that a violation of university policy has occurred, the accused will be put on notice that he/she has violated such policy, and appropriate action will be taken.

This policy will help promote a positive environment for learning in the College of Medicine and will affirm the importance of collegiality and respect for others.

Honor Code

"The act of detachment, the virtue of method, the quality of throughness, and the grace of humility."

-Oster

As a UCLA medical student, I recognize that it is a great privilege and responsibility to study medicine. When I entered this school, I undertook the task of maintaining a certain standard of conduct not only as a student, but also as a future professional.

Each student should strive to develop and maintain personal honor and integrity as well as compassionate and ethical behavior. It is the responsibility and duty of each student to achieve these ideals. Rather than an inclusive listing, the honor code outlines the behavior and ideals that we medical students believe to be important; student should strive to progress beyond these guidelines.

Academic Honesty

- I will maintain the highest standards of academic and personal honesty.
- I will neither give nor receive unpermitted aid in examinations or assignments
- I will conduct research in an unbiased manner, report results truthfully, and credit ideas developed and work done by others.
- I will uphold a classroom atmosphere conducive to learning.
- I will not undertake any activity that will impart me with an unfair and unpermitted advantage over others.

Confidentiality

- I will regard confidentiality as a central obligation of patient care.
- I will limit discussions of patients to members of the health care team in settings removed from the public (e.g. not in elevators, hallways, cafeterias).

Respect for Others

- I will treat patients and their families with respect and dignity, both in their presence and in discussions with other members of the health care team.
- I will interact with patients in a way that respects their privacy and modesty.
- I will interact with all members of the health care team in a considerate and cooperative manner.
- I will not discriminate nor will I tolerate discrimination on the basis of race, ethnicity, gender, religion, sexual orientation, age, disability, disease state, or socioeconomic status.
- I will attempt to resolve conflicts in a manner that preserves the dignity of every person involved.
- I will be truthful with patients and will report accurately historical and physical findings, test results, and other information pertinent to the care of the patient.
- I will be sensitive to the religious and cultural beliefs of patients.

Responsibility

- I will set patient care and well-being as the highest priorities in the clinical setting.
- I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation of my own.
- I will conduct myself professionally-in my demeanor, use of language and appearance-in the presence of patients, in the classroom, and in the professional setting.
- I will not use alcohol or drugs in a way that could potentially interfere with my professional responsibilities.
- I will not use my professional position to engage in romantic or sexual relationships with patients or members of their families.
- I will not permit access to controlled substances unless medically warranted, nor will
- I allow others to permit such access.
- I will not tolerate violations of the Honor Code in others.

Integrity

- I will endeavor to work harmoniously with my colleagues and do my share when teamwork is required.
- As their representative, I will uphold the reputations of my school and my profession.
- I will uphold the policies, regulations, rules of the University, the School of Medicine, and its Hospitals.
- I will endeavor to uphold these principles in both letter and spirit.

University of Chicago, Pritzker

ACADEMIC RIGHTS OF STUDENTS

POLICY ON TREATMENT OF STUDENTS

Statement of Policy

The Pritzker School of Medicine at the University of Chicago is committed to maintaining an academic and clinical environment in which faculty, fellows, residents and students can work together freely to further education and research and provide the highest level of patient care, whether in the classroom, the laboratory or the clinics. The School's goal is to train physicians to meet high standards of professionalism and practice in an environment where effective, humane and compassionate patient care is demanded and expected. To this end, the School recognizes that each member of the medical school community should be accepted as an autonomous individual and treated civilly, without regard to his or her race, color, religion, sex, sexual orientation, national or ethnic origin, age, disability or any other factor irrelevant to participation in the activities of the School. Diversity in background, outlook and interest among faculty, fellows, residents, students and patients inherent in the practice of medicine, and appreciation and understanding of such diversity is an important aspect of medical training. As part of that training, the School strives to inculcate values of professional and collegial attitudes and behaviors in interactions among members of the School community and between these members and patients and their families.

Implementation

Discrimination Generally

In keeping with its long-standing traditions and policies, the School and the University of Chicago, in admissions, access to programs, and educating and evaluating students, considers students on the basis of individual merit and without regard to race, color, religion, sex, sexual orientation, national or ethnic origin, age, disability or other factors irrelevant to participation in the programs of the School or the University.

If students believe that they have experienced such discrimination, they can consult with the University's Affirmative Action Officer. If the student files a formal complaint with the Affirmative Action Officer, she will investigate the facts and report back to the student. See the *Student Manual of University Policies and Regulations* for details about this process. The student may also consult with the Dean of Students in the School. Other available resources within the School to explore concerns about discriminatory treatment are the course director, the preceptor or the particular department chair. Often, the matter can be resolved through informal action, discussion and education.

Sexual Harassment

The University is strongly committed to taking all necessary actions to prevent, correct and, where indicated, discipline sexual harassment, whether peer harassment or harassment exercised by one with authority over a student. The University has a system where individuals who believe that their educational or work experience is compromised by sexual harassment are strongly encouraged to come forward and discuss the problem with a Sexual Harassment Complaint advisor, the School's dean of students, a faculty member or department chair. Student may also contact the Coordinating Officer for the Sexual Harassment Complaint Advisors in the

University's Provost's Office for referral to appropriate individuals or resources. The University's procedures for handling incidents of sexual harassment place a strong emphasis on resolving complaints informally through such devices as advising and mediation, although formal channels for complaints are also readily available. See the *y Student Manual of University Policies and Regulations* for a detailed discussion of the University's policy, procedures and resources.

Expectations of Civil Behavior

The School supports and seeks to encourage the expectation of civil behavior in an educational and clinical setting set forth by the University in the *Student Manual of University Policies and Regulations*. The statement in the policies booklet (p. 1) notes the following:

> "At the University of Chicago, freedom of expression is vital to our shared goal of the pursuit of knowledge, as is the right of all members of the community to explore new ideas and learn from one another. To preserve an environment of spirited and open debate, we should all have the opportunity to contribute to intellectual exchanges and participate fully in the life of the University.
>
> "The ideas of different members of the University community will frequently conflict, and we do not attempt to shield people from ideas that they may find unwelcome, disagreeable or even offensive. Nor as a general rule does the University intervene to enforce social standards of civility. There are, however, some circumstances in which behavior so violates our community's standards that formal University intervention may be appropriate. Acts of violence, and explicit threats of violence directed at a particular individual that compromise that individual's safety or ability to function within the University setting are direct affronts to the University's values and warrant intervention by University officials. Abusive conduct directed at a particular individual that compromises that individual's ability to function within the University setting and that persists after the individual has asked that it stop may also warrant such intervention. Even if formal intervention is not appropriate in a particular situation, abusive or offensive behavior can nonetheless be inconsistent with the aspirations of the University community, and various forms of informal assistance and counseling are available."

See generally the *Student Manual of University Policies and Regulations*. Consistent with this policy, the School regards all acts of physical harm, threats of physical harm, imposition of physical punishments and evaluation of students on grounds other than those relevant and material to the course or clinical activity as violations of these standards. Abusive interactions between members of the School community are also matters of concern.

If a student should find someone's behavior offensive or abusive, the student should consider speaking directly with the person. If the behavior stems from misunderstanding or ignorance, the person will often respond positively and stop. By communicating your feelings to the other person, you make the nature of the problem clearer so that together you can resolve it.

If your attempt at communication is unsuccessful, or if you are not comfortable telling the other person that he or she has been offensive or abusive, you should contact the School's Dean of Students, the course director, the preceptor or the particular department chair. You may also contact the individuals listed at the University. These names are published annually on a brochure provided to the students by the University's Dean of Students Office. Any of these people can discuss options with you, offer guidance and support, and assist you in resolving the matter informally. When you speak with these individuals about such matters, every reasonable effort will be made to protect your privacy and that of others involved.

If informal resolution is unsuccessful or inappropriate, the School's dean of students or other University officials may discuss with you formal University procedure to address the situation. Conduct that has an impact on the academic evaluation of students may be subject to the grievance procedures available under section "**ACADEMIC RIGHTS OF STUDENTS**" in the School's *Academic Standard Guidelines for Medical Students and the Committee on Promotions* (p. 15). If the person whose behavior you have concerns about is a faculty member,

fellow or resident, the School's dean of students can help you file a complaint with the relevant department chair. If the person about whom you have concerns is a student, the Disciplinary Procedures governing students will apply. If the person is a staff member, the School's dean of students may help you file a complaint with University Human Resources. Conduct that is in serious violation of these norms may result in formal disciplinary action.

Retaliation

Retaliation against any member of the School community who comes forward in good faith with a complaint or concern is a serious violation of the School's and the University's standards of conduct and professionalism and will not be tolerated. If you believe you are being subjected to retaliation as a result of your coming forward with a concern or a complaint, you should consult with the School's dean of students, the particular department chair or the Dean of the Division immediately.

Education

An important aspect in assuring proper treatment of students in an academic and clinical environment is education, both in particular cases of miscommunication or misunderstanding, but also more broadly to the School community as a whole. Special efforts will be made to convey this policy and provoke discussion and awareness of its implementation and meaning to groups with significant contact with or involvement with the education of medical students, including faculty, fellows, residents, nursing personnel, and the School's dean of students office.

Any questions regarding the interpretation or implementation of this policy should be directed to the School's dean of students.

GRIEVANCES

Should a student have cause to request a review of any treatment that he/she receives during any portion of the academic program while enrolled in The Pritzker School of Medicine, and should no satisfactory course of action be concluded, the student has a right to file a grievance. Grievances, by their nature are intended to be individual. The following types of grievances and their procedures are outlined below:

1. Grades, Evaluations, Remediation Requirements - **Departmental Grievance**

2. Decision of Committee on Promotions - **Committee on Promotions Grievance**

3. Violation of academic freedom, sexual, racial or religious discrimination or harassment - **Disciplinary Procedures** (also used by the University to bring charges against a student when a wrong doing has been alleged)

4. Appeal of Disciplinary Procedure Outcomes - **University Appeal Process**

For those grievances involving DEPARTMENTS, the following procedures pertain:

(a) Grievances of an academic nature should first be brought to the attention of the appropriate course director. The course director and student may work to resolve the grievance at this point. If the grievance involves the course director personally or if the student remains dissatisfied, the complaint should be brought in writing to the department chairman. If the course director and the department chairman are the same person, or if the student remains dissatisfied, the grievance should be brought in writing to the Dean of Students. In all instances, the student must present the written grievance to the department or the Dean of Students within four weeks (20 working days) of the incident or receipt of the course grade or evaluation.

(b) In the departmental review the department chairman conducts the review, consulting as appropriate with other faculty and staff, and informs the student and the Dean's Office, in writing, of the department's

VANDERBILT UNIVERSITY MEDICAL SCHOOL

STANDARDS OF BEHAVIOR FOR INTERACTIONS WITH MEDICAL STUDENTS[1]

Statement of Standards

In practice, physicians are held to high standards of professionalism and patient care. 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 requires mutual respect between teachers (including faculty, residents and staff) and students, and between each student and his or her fellow students.[2] Mutual respect between student and teacher, and between fellow students, may be expressed in many ways but all interactions shall include honesty, fairness and evenhanded treatment. Behavior which is inimical to the development of mutual respect shall be prohibited. Such behavior may include but is not limited to:

(1) Harassment of a sexual nature;

(2) Discrimination or harassment based on race, sex, religion, color, national or ethnic origin, age, disability, military service or being or being perceived as homosexual, heterosexual, or bisexual.

(3) Grading, promoting or otherwise evaluating any student on any basis other than that student's performance or merit.

Comments

The following delineates more clearly the behavior enumerated above which may be inimical to the development of mutual respect between students and teacher and between fellow students. For purposes of these Comments, the term "person" shall refer to a student in interactions between fellow students or, in student-teacher interactions, to the student or teacher, as appropriate.

(1) Harassment of a sexual nature may include:

a. Denying the opportunity for training or rewards because of a student's gender;
b. Requesting sexual favors in exchange for grades or other awards;
c. Making unwanted sexual advances;
d. Unreasonable and inappropriate sexual or sexist conduct directed towards any person;
e. Displaying in an unreasonable and inappropriate manner sexually suggestive or pornographic materials; or
f. Grading or evaluating a student based upon gender rather than performance and merit.

(2) Discrimination and harassment may include:

a. Denying the opportunity for training or rewards because of a student's age, race, religious affiliation or any other attribute of the student other than merit or

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[1] All Vanderbilt University policies concerning medical student interactions with faculty and staff as set forth in the Vanderbilt University Student Handbook, the Faculty Manual and the Staff Manual remain in full force and effect.

[2] By their express terms, these Standards apply only to interactions which involve one or more medical students; however, it is hoped that these Standards will serve as a guide to all members of the Vanderbilt University Medical Center community. The reporting procedure outlined herein shall apply only to allegations of the violation of these Standards in interactions involving medical student(s).

performance;

b. Unreasonable and inappropriate conduct directed towards any person which is intended to insult or stigmatize that person;

c. Exclusion of a student from any usual and reasonable expected educational opportunity for any reason other than as a reasonable response to that student's performance or merit;

d. Requiring a student to perform personal services such as shopping or babysitting;

e. Showing favoritism among students based upon any attribute of the student(s) other than performance or merit and thereby reducing educational opportunities available to the nonfavored student(s); or

f. Grading or evaluating a student based upon any attribute of a student other than that student's performance and merit.

g. Any physical mistreatment, such as hitting, slapping or kicking, or threatening such physical mistreatment;

h. Requiring a student to perform menial tasks with the intent to humiliate the student.

Any perceived violation of these Standards of Behavior ("Standards") may be reported in accordance with the following procedure. Violations of these Standards may subject the offender to disciplinary action. These Standards may be amended at any time by the Executive Faculty. The Standards Committee shall be composed of such members as the Dean shall appoint from time to time.

Reporting Procedure

Prior to filing a formal report as outlined below, the individual considering making a report should first, if at all possible, attempt to resolve the matter directly with the alleged offender. In addition, the reporting individual may consult informally with any member of the Standards Committee for information and assistance. Any such informal consultation will be confidential if so requested. The only written record of any such confidential consultation shall consist of a confidential memorandum retained in the files of the Chair of the Standards Committee.

To make a formal report of an alleged violation of these Standards, a written description of the alleged violation, signed by the individual making the report, shall be delivered to any individual on the Standards Committee. The Standards Committee shall conduct a preliminary investigation, giving the reporting individual, the alleged offender and any other persons as the Standards Committee shall determine a fair opportunity to express their views on the matter. Further, the Standards Committee shall make, in accordance with commonly held standards of conduct, any necessary preliminary determination of what does or does not constitute reasonable or appropriate conduct and behavior. Thereafter, the Standards Committee shall issue a written statement of their preliminary findings to the individual making the report, the alleged offender and to the Dean. The Dean shall then take such further action on the matter as the Dean shall deem appropriate, consistent with Vanderbilt University policy on disciplinary actions as set forth in the Vanderbilt University Faculty Manual, Student Handbook or Staff Manual, as applicable.

Alternatively, a student alleging sexual harassment or unlawful discrimination may make a complaint to Vanderbilt's Opportunity Development Center in accordance with the procedure outlined in the Student Handbook. If the complaint to the Opportunity Development Center does not resolve the matter to the satisfaction of the individual making the complaint, a formal grievance may be filed with the Office of the Chancellor in accordance with the procedure in the Student Handbook.

Proposed by a joint student faculty committee and approved by Executive Faculty, School of Medicine, May 5, 1993

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