

Charles E. Schmidt College of Medicine Administrative Policies

Subject: Student Mistreatment
Effective Date: January 17, 2019
Supersedes: COM Administrative Policies Initially Adopted February 28, 2007; amended June 1, 2009; September 30, 2010; January 19, 2011; June 12, 2012; May 10, 2013; July 10, 2014; Compact between Teachers and Learners of Medicine Renamed Student Mistreatment and Amended January 17, 2019.
Responsible Authority: Senior Associate Dean for Medical Education

Policy Statement:

I. GOALS OF POLICY

1. To define standards of conduct among all members of the Charles E. Schmidt College of Medicine community generally, and specifically within the teacher/learner relationship.
2. To specify a procedure for reporting potential student mistreatment or abuse.
3. To create an administrative mechanism for handling alleged incidents of mistreatment or abuse.
4. To develop a monitoring system to identify individuals or departments whose abusive behavior persists despite intervention.
5. This policy shall supplement existing University policies or regulations which otherwise might apply to situations addressed herein.

II. PREAMBLE

The Charles E. Schmidt College of Medicine is committed to providing and maintaining a positive environment for study and training, in which individuals are judged solely on relevant factors such as ability and performance, and can pursue their educational and professional activities in an atmosphere that is humane, respectful and safe.

Our students are exceptionally talented individuals, dedicated to becoming outstanding physicians, who have selected this medical school for their training. Effective learning is possible only in an environment where students can trust their teachers to treat them fairly and with respect. The teacher may be a faculty member, resident, student, or other member of the health care team. One manner in which the teacher/learner relationship is unique is that students are vulnerable, depending on many of their teachers for evaluations and recommendations. In addition, medical education includes mastering not just pathophysiology but also the essentials of professional behavior. Students learn professional behavior primarily by observing the actions of their teacher role models. Unprofessional, disrespectful or abusive behavior by teachers is antithetical to standards of professional conduct that medical students are expected to master. These behaviors by teachers may also be self-perpetuating, as students come to believe that such behavior is appropriate when they assume the role of teacher.

III. RESPONSIBILITIES OF TEACHERS AND LEARNERS

The College has adopted the AAMC Compact between Teachers and Learners of Medicine. Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that undergird the doctor/patient relationship and that sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

GUIDING PRINCIPLES

DUTY. Medical educators have a duty, not only to convey the knowledge and skills required for delivering the profession's contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession's social contract across generations.

INTEGRITY. The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

RESPECT. Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

COMMITMENTS OF FACULTY

- We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality.
- As mentors for our student and resident colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- We respect all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident.
- We pledge that students and residents will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest; we monitor and, when necessary, reduce the time required to fulfill educational objectives, including time required for "call" on clinical rotations, to ensure students' and residents' well-being.
- In nurturing both the intellectual and the personal development of students and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
- We do not tolerate any abuse or exploitation of students or residents.
- We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.

COMMITMENTS OF STUDENTS AND RESIDENTS

- We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- We pledge to respect all faculty members and all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- As physicians in training, we embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.
- As physicians in training, we embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.
- In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents in meeting their professional obligations, as well.

IV. UNPROFESSIONAL AND ABUSIVE BEHAVIORS

The responsibilities of teachers and students listed above constitute examples of respectful and professional behaviors. These are our standards. Mistreatment of students can occur in a variety of forms and may seriously impair learning. Types of abuse include verbal, power, ethnic, physical, and sexual harassment. Examples of mistreatment of students include, but are not limited to repeated instances or single egregious instances of:

- Yelling or shouting at a student in public or private
- Criticism or other actions that reasonably can be interpreted as demeaning or humiliating
- Assigning duties as punishment rather than education
- Unwarranted exclusion from reasonable learning opportunities
- Threats to fail, give lower grades, or give a poor evaluation for inappropriate reasons
- Asking students to carry out personal chores
- Unwelcome repeated sexual comments, jokes, innuendos, or taunting remarks about one's body, attire, age, gender, ethnicity, sexual orientation, or marital status
- Comments about stereotypical behavior or ethnic jokes
- Intentional physical contact such as pushing, shoving, slapping, hitting, tripping, throwing objects at, or aggressive violation of personal space

V. WHAT TO DO IF YOU BELIEVE THAT YOU HAVE BEEN ABUSED OR MISTREATED

First, carefully examine the circumstances of the incident or incidents which occurred. Discuss the event with someone else who witnessed it, or with another student or individual whose judgment you trust. Do they come under the behaviors listed in Section IV above? If so there are three processes available for addressing the incident – informal resolution, consultation, and formal complaint. Often, concerns can be resolved informally or through consultation. If the matter is not satisfactorily resolved through the informal resolution or consultation process, then the person who made the allegation of mistreatment (whether a medical student or otherwise) or the person against whom the allegation was made may initiate

a formal complaint. The goal of these processes is to foster your educational experience by minimizing behaviors which detract from it.

INFORMAL RESOLUTION - You may do this by directly approaching the person whom you feel mistreated you and expressing your concern.

CONSULTATION - Meet with your course/clerkship director and describe what happened. If the course/clerkship director takes action to settle the complaint, he/she will submit a written report of these actions to the Senior Associate Dean for Student Affairs and Admissions. If you are not satisfied with your interaction with the course/clerkship director, or do not feel comfortable approaching him/her, meet with the Senior Associate Dean for Student Affairs and Admissions.

FORMAL COMPLAINT - You can make a formal complaint in writing to the Senior Associate Dean for Student Affairs and Admissions. You can also make a formal complaint in writing to a Learning Community Advisor, University ombudsperson or any other staff or faculty member at the College of Medicine. However, it is important that the Senior Associate Dean for Student Affairs and Admissions be made aware so that the complaint can be properly addressed and remediated according to the procedures below. To make an anonymous report, see <http://med.fau.edu/students/reporting.php>.

VI. PROCEDURE FOR HANDLING COMPLAINTS OF STUDENT ABUSE

The Senior Associate Dean for Student Affairs and Admissions will be responsible for hearing complaints of student abuse or mistreatment which are not settled through the informal resolution or consultation process. He/she will be responsible for reviewing the complaint and obtaining additional information. If the initial review discloses that the complaint warrants further review, he/she will convene an ad hoc committee to hold a hearing. The person against whom the complaint is made will be notified in writing of the complaint and the policy for handling such complaints, and both parties will be invited to attend and participate in the hearing. A copy of the notification will be sent to such person's department chair (for faculty), supervisor (for employees), or training program director (for residents).

If, however, the initial review discloses that the complaint has no merit, the Senior Associate Dean for Student Affairs and Admissions will dismiss it. The student will be notified and may appeal to the Director of Student Success and Wellness.

The ad hoc committee will meet to review the facts of the complaint, and may receive written or oral testimony from both parties. All materials will be held confidential by the committee. The person against whom the complaint is made may attend the hearing, and will be provided the opportunity to rebut the complaint. The chair of the ad hoc committee will submit a written report of the committee's findings to the Senior Associate Dean for Student Affairs and Admissions. The Senior Associate Dean for Student Affairs and Admissions will notify the person against whom the complaint is made and the student in writing of the findings. The department chair, supervisor or program director will also be notified (see above), and will be responsible for determining disciplinary actions. The Senior Associate Dean for Student Affairs and Admissions will be notified in writing of any disciplinary action taken. Record of the proceedings will be kept by the Senior Associate Dean for Student Affairs and Admissions. All complaints of student abuse or mistreatment brought to the Senior Associate Dean for Student Affairs and Admissions will be cross-checked to determine if the person against whom the complaint is made has been cited previously.

In the event that an allegation of abuse or mistreatment is made against an individual at an affiliated clinical site, the Senior Associate Dean for Student Affairs and Admissions will meet directly with the

student and officials at such site to address and remediate the situation. In the interim, provisions will be made to reassign or remove the student from interaction with the person against whom the complaint is made.

VII. APPEALS PROCESS

If either the student or the person against whom the complaint is made wants to appeal the decision of the Committee or the Senior Associate Dean for Student Affairs and Admissions, a written appeal must be submitted to the Dean of the College of Medicine within 5 days of notification of the decision. The Dean or his designee will conduct an appeal review by examining the facts gathered during the process as well as any new facts offered by either party for consideration. The Dean or designee will notify the parties in writing of his/her final decision.