

**Brody School of Medicine  
East Carolina University  
Policy and Procedure Manual**

Topic: Appropriate Treatment of Medical Students in the Educational Setting	
Section No. 2	Section Name: Human Resources
Approval Date: 09/17/05	Approval: Cynda A Johnson, MD MBA Dean, Brody School of Medicine

**I. Purpose:**

To assure that medical students are treated in an appropriate manner with respect and that a positive supportive educational environment is maintained.

**II. Policy:**

The Brody School of Medicine is committed to providing an educational environment that is supportive and respectful to all members of the medical center community. The school recognizes that diversity among the members of the academic community is inherent in the practice of medicine, and that an appreciation and understanding of such diversity is an important aspect of medical training.

As part of that training, the Brody School of Medicine strives to develop professional and collegial attitudes and behaviors in interactions among members of the educational community and between these members and their patients. These goals are primary to the educational mission of the school.

Standards of conduct between the teacher and learner, which evoke an environment of mutual trust and understanding, contribute to developing an environment that supports the learning process. When all participants understand the standards of conduct between the teacher and learner and when all participants are held accountable to the standards, an environment is established that enhances both learning and professional development. Inappropriate behaviors may cause the learner to become cynical about the medical profession, may interfere with the learning process, may cause individuals to leave medical training, and may promote an atmosphere in which abuse is accepted and perpetuated in medical training.

The Brody School of Medicine acknowledges that the social and behavioral diversity of students, faculty, residents and staff, combined with the intensity of the interactions between them may, from time to time, lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. The occurrence of such incidents either intentionally or unintentionally results in a disruption of the spirit of learning and a breach in the trust between teacher and learner.

However, mistreatment is not:

1. Setting standards for conduct and achievement
2. Ensuring the safety and well-being of patients
3. Even handed application of conduct and educational standards
4. Constructive critical interactions between the teacher and learner

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This policy on the appropriate treatment of medical students in the educational setting contains the following:

- A. A statement of the Brody School of Medicine’s standards with regards to appropriate behavior in the student – teacher relationship. Among these behaviors are mutual respect, honesty, fairness and evenhanded treatment in all interactions. This policy also includes a definition of inappropriate behaviors in the student – teacher relationship and examples of such behavior.
- B. A plan for the ongoing education of the members of the medical school community about these standards of behavior and the process by which they are to be upheld.
- C. A description of the School of Medicine process for responding to allegations of inappropriate behavior.

**III. Definition of mistreatment:**

- A. In the context of this policy, professional mistreatment includes inappropriate or abusive behavior in the context of a relationship between teacher and learner.
- B. Examples of inappropriate behaviors include, but are not limited to:
  - 1. Harmful, injurious, or offensive conduct\*
  - 2. Verbal attacks
  - 3. Insults or unjustifiably harsh language in speaking to or about a person
  - 4. Public belittling or humiliation
  - 5. Threats of physical harm\*
  - 6. Physical attacks (e.g., hitting, slapping, or kicking a person)\*
  - 7. Requiring performance of personal services (e.g. shopping or babysitting)
  - 8. Basing a lower grade or poor evaluation on reasons other than course/clinical/professional performance.
  - 9. Sexual harassment\*
  - 10. Intentional neglect or lack of communication
  - 11. Taking credit for another individual’s work\*
  - 12. Disregard for a student’s safety

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13. Retaliation against a student who files a complaint

\*East Carolina University and University Health Systems policies as well as criminal law may be applicable.

University policies cover discrimination on the bases of race, gender, sexual orientation, religion, ethnic background, age, marital or parental status, veteran status or physical disability. See the section on related resources.

**IV. Procedure:**

Prevention and Education: Dissemination of Information

The Brody School of Medicine is committed to preventing and remedying inappropriate treatment of medical students. The School of Medicine will address the issue of medical student mistreatment through:

- A. Distribution of this policy to medical students, residents, faculty, administrators, nursing and hospital staff by all reasonably available means;
- B. Development of programs to educate the medical school community regarding the diversity of its members. Ongoing education is the responsibility of the mediator and the Conflict-Resolution Council.

Information will be distributed to the concerned groups in the following manner, subject to annual review by the Conflict-Resolution Council.

- A. Medical Students
  - 1. Inclusion of a section on medical student mistreatment in the student handbook.
  - 2. Display of policy and procedures prominently on the web site of the Student Affairs Office, Brody SOM.
  - 3. Review of the policy and procedures at each year specific orientation.
- B. Faculty, Residents, Fellows
  - 1. Annual transmittal, by the Dean, of a copy of the policy and procedures along with school data from the AAMC Graduation Questionnaire regarding appropriate treatment of students to the GME Office with instructions to distribute and explain the policy to all staff involved in the training of medical students.

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2. Review of school data from the AAMC Graduation Questionnaire by the Executive Curriculum Committee; and other governance bodies as requested.
  3. Inclusion as an agenda topic for chief resident/resident/fellow orientations.
  4. Inclusion as orientation material for new faculty.
  5. Affiliated faculty will receive a copy of the policy when reviewing their institutional affiliation agreement
- C. Nurses and Other Clinical Staff  
Annual transmittal, by the Dean, of a copy of the policy and procedures to the President of PCMH, Chief Medical Officer of PCMH, chief of staff of PCMH, and Nurse Executives with instructions to distribute the policy to all staff involved in the training of medical students.
- D. A link to the Appropriate Treatment of Medical Students in the Educational Setting policy will be maintained on the Office of Student Affairs website.

Process for Responding to Allegations of Mistreatment

- A. Informal Resolution  
When an alleged mistreatment occurs, the parties directly involved should try, if at all possible, to resolve the matter informally in private. Prompt discussion and resolution of the issue between the parties is to be encouraged where feasible. Students are encouraged to confidentially and informally discuss concerns and seek advice from the assistant dean for student affairs, director of the academic enrichment center, and when appropriate the course or clerkship director (see staff information at the end of this policy). Strict confidentiality will be maintained except as required by applicable University policies.
- B. Resolution Through Facilitation by the “Mediator”  
In some situations, the informal approach may be hindered by a variety of factors, including reluctance of the reporting individual to address the alleged offender or intransigence of the alleged offender. A position of “mediator” has been established to help resolve such conflicts. The role of the mediator is to collect information concerning the mistreatment incident from appropriate sources and mediate between the conflicting parties with

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the intent of reconciling the matter to the satisfaction of both parties. It is designed to preserve the confidentiality of all parties involved and incorporates, through knowledge of the initial incident by a third party, protection from retaliation for the reporting individual. A signed written complaint must be provided to the mediator in order to initiate an inquiry. Either of the conflicting parties may contact the mediator to seek assistance in resolving a conflict. The mediator, who is chosen by the Dean, should not be a member of the teaching faculty or an individual with supervisory, employer or administrative responsibilities at the Brody School of Medicine. Alleged incidents of mistreatment handled by the mediator will be reported to the immediate supervisor of the faculty member involved or, in the case of residents, to the chair of the department and director of the residency program.

C. Formal Resolution

1. The Conflict-Resolution Council

If a reasonable effort on the part of the mediator fails to resolve the conflict a Conflict-Resolution Council may be convened if requested in writing by either of the parties or, in the case of a serious or repeated offense, the mediator. The full Council will meet annually to review and recommend any change in the policy and procedures, and make an annual report to the Dean.

The Dean will select a twelve member Conflict-Resolution Council to include two members from each of the following groups:

- a. Pre-Clinical Students
- b. Clinical Students
- c. Pre-Clinical Faculty
- d. Clinical Faculty
- e. Residents
- f. BSOM Administration

All members are appointed to the Council for a three-year term. The appointment term will be staggered so that the board always has experienced members. The mediator is not a member of the Council but is present at Council meetings.

When a case arises for deliberation, the Chair of the Conflict-

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Resolution Council will select a working Sub-Council consisting of five members from the Conflict-Resolution Council. This Sub-Council will include representatives from the appropriate peer groups of the reporting individual and alleged offender. If one of the parties involved is not represented on the full Conflict-Resolution Council, additional members from the appropriate group (e.g. nurses, staff, etc.) may be recruited to the Sub-Council.

2. Sub-Council Procedures

The purpose of the Sub-Council is to collect the facts pertinent to the conflict, mediate between the parties, and make recommendations for resolution. The Council will assess the evidence as objectively as possible, be fair in its deliberations, and protect the rights of the individuals.

Each Sub-Council will select its own chair to preside over deliberations. When the Sub-Council hears a case, the mediator, reporting individual and alleged offender are present. The mediator is responsible for notifying the parties regarding the meeting time and place. The meeting will begin with the mediator presenting the case. The parties involved in the conflict will both have an opportunity to speak and to bring witnesses to speak. Neither party can be represented by legal counsel.

All meeting proceedings except deliberations of the Sub-Council on findings and recommendations shall be recorded by the mediator. The written record shall serve as the official documentation of the hearing and shall be maintained in a secure file in the office of the mediator. All proceedings and deliberations shall remain confidential.

The Sub-Council will prepare a report for the Dean and the full Conflict Resolution Council containing the facts of the case and any recommendations made through their deliberations. The Dean will advise the conflicting parties as to the recommendations of the Sub-Council and of his/her concurrence with the recommendations. The Dean's decision constitutes the **final** disposition of the matter within the medical school. Other

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university policies may govern decisions affecting faculty and staff.

- D. Protections:  
Retaliation: Those who are accused of mistreatment will be informed by the mediator that retaliation is regarded as a form of mistreatment and violation of the policy. The accusation of retaliation will be handled with the same procedure as mistreatment. The Council will inform the Dean of retaliation.
- E. False accusation:  
A complainant or witness found to have been intentionally dishonest or malicious in making the allegation may be subject to disciplinary action.

**V. Related Resources:**

Following are additional policies and procedures for responding to complaints of harassment and mistreatment.

ECU Faculty Manual, Appendix: V, W, X and Y.

<http://www.ecu.edu/fsonline/FacultyManual2/contents.htm>

Appendix V:

East Carolina University Sexual Harassment, Discrimination and Conflicts of Interest Policies

Appendix W:

East Carolina University Racial and Ethnic Harassment Policies

Appendix X:

Grievance Procedures for Complaints of Sexual or Racial Harassment or Discrimination or Conflicts of Interest Brought Against ECU Faculty Members or Administrators Holding Faculty Status

Appendix Y:

Grievance Policies and Procedures of East Carolina University.

<http://www.ecu.edu/studenthandbook/judicial.htm>

<http://www.ecu.edu/campusliving/cdrom/policies.htm>

<http://www.ecu.edu/fsonline/FacultyManual2/FMindex.htm>

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This policy will help promote a positive educational environment and foster our school's mission.

**Staff Available to Students to Discuss Incidents of Student Mistreatment**

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