

## PROFESSIONALISM IN THE TEACHER/LEARNER ENVIRONMENT

### I. PREAMBLE

The University of Pittsburgh School of Medicine is committed to the principle that the educational relationship should be one of mutual respect between teacher and learner. Because the school trains individuals who are entrusted with the lives and well being of others, we have a unique responsibility to assure that students learn as members of a community of scholars in an environment that is conducive to learning.

Maintaining such an environment requires that the faculty, administration, residents, fellows, nursing staff, and students treat each other with the respect due colleagues. All teachers should realize that students depend on them for evaluations and references, which can advance or impede their career development. They must take care to judiciously exercise this power and to maintain fairness of treatment avoiding exploitation or the perception of mistreatment and exploitation. The quality and worth of a University of Pittsburgh School of Medicine education rest not only in the excellence of the content and the skills that are taught, but also in the example provided to students of humane physicians and scientists who respect their professional colleagues at all career levels, their patients, and one another.

### II. RESPONSIBILITIES OF TEACHERS AND LEARNERS

The teacher-learner relationship confers rights and responsibilities on both parties. Behaving in a way that embodies the ideal teacher-learner relationship fosters mutual respect, minimizes the likelihood of learner mistreatment, and optimizes the educational experience. Learners are defined as individuals participating in undergraduate or graduate medical education, i.e., a medical student, a resident, or a fellow.

#### A. Responsibilities of Teachers

1. Treat learners fairly, respectfully, and without bias related to their age, race, gender, sexual orientation, disability, religion, or national origin.
2. Distinguish between the Socratic method, where insightful questions are a stimulus to learning and discovery, and overly aggressive questioning, where detailed questions are repeatedly presented with the end point of belittlement or humiliation of the learner.
3. Give learners timely, constructive, and accurate feedback and opportunities for remediation.
4. Be prepared and on time for all activities.
5. Provide learners with current material and information and appropriate educational activities.

#### B. Responsibilities of Learners

Be courteous and respectful of others regardless of their age, race, gender, sexual orientation, disability, religion, national origin, or role in your education.

A medical student should act in accordance with the University of Pittsburgh School of Medicine *Student Code of Professionalism*.

The residents and fellows should act in accordance with the dictates contained in *Program requirements and institutional policies*.

Be aware of the medical condition and current therapy of patients.

Put patients' welfare ahead of educational needs.

Know limitations and ask for help when needed.

Maintain patient confidentiality.

View feedback as an opportunity to improve knowledge and performance skills.

### **III. DESCRIPTION OF INAPPROPRIATE BEHAVIOR**

Inappropriate behaviors are those that are not respectful or professional in a teacher-learner relationship. Determining whether a given behavior is inappropriate involves a subjective assessment of the intentions of the performer and the perception of the recipient. Clearly inappropriate behaviors include, but are not limited to:

Unwanted physical contact (such as touching, hitting, slapping, kicking, pushing) or the threat of the same;

Sexual harassment (see the University of Pittsburgh Policy 07-06-04, Sexual Harassment);

Discrimination based on age, race, gender, sexual orientation, disability, religion, or national origin;

Requiring learners to perform personal chores (e.g., running errands or babysitting);

Verbal harassment, including humiliation or belittlement in public or privately;

Use of grading and other forms of assessment in a punitive or self-serving manner.

### **IV. WHAT TO DO IF YOU BELIEVE INAPPROPRIATE BEHAVIOR OR MISTREATMENT HAS OCCURRED**

While we believe that the principles articulated above are generally practiced and respected by the members of our diverse community of scholars throughout the School of Medicine, we recognize that there may be occasions when perceived or real incidents of unprofessional behavior directed toward learners occur. When this occurs, the School of Medicine is committed to establishing the facts through a fair process, which respects the rights and confidentiality, to the extent possible, of the involved parties:

Any individual who has concerns about unprofessional behavior on the part of a medical student may speak with the course or clerkship director, the Associate Dean for Student Affairs, or any member of the Honor Council to discuss options as described in the Student Honor Code policy.

Any individual who has concerns about unprofessional behavior on the part of a resident, fellow, or faculty member may speak to the course or clerkship director, the program director, the department chairman and/or the Associate Dean of Graduate Medical Education.

Learners who have a concern about unprofessional behavior on the part of residents, faculty, or other clinical staff are strongly encouraged to come forward and report perceived mistreatment. The procedures below are in place to assure that such reports may be made without fear of retaliation or reprisal for doing so.

Exchanges of information, whether verbal or written, will be handled in a confidential manner. However, at any level, there may be situations that limit the ability for confidentiality, such as those involving potential harm to a student or others, including sexual assault.

A complaint should be reported as soon as possible but not more than twelve months after the alleged incident.

## **V. PROCEDURES FOR LEARNERS TO FOLLOW**

Several avenues are open to the learner who experiences an incident of inappropriate behavior and mistreatment.

### **A. MEDICAL STUDENTS**

#### **1. Informal Pathway**

##### ***a. Talking Directly with the Individual***

The student may consider speaking directly with the person. If the behavior stems from a misunderstanding or a need for increased sensitivity, the person will often respond positively and stop. Open communication may clarify any misunderstanding or issue(s) and lead to a successful, informal resolution.

##### ***b. Counseling and Guidance***

Students who wish to discuss an incident of mistreatment or inappropriate behavior have the option of going to the appropriate course or clerkship director, the Associate Dean for Student Affairs, the Assistant Dean of Student Affairs and Minority Programs, or any member of the Honor Council or SHARP (Student Health Advocacy Resource Program) Committee. This contact may help the student clarify the incident, gain further perspective, and/or identify options and action steps.

All involved parties must agree upon all informal resolutions. A written record of the resolution may be filed with the Associate Dean for Student Affairs at the discretion of the parties. If informal resolution is not successful or appropriate, a student may choose to refer the complaint to the School of Medicine for resolution. In this case, the student refers the complaint in writing to the Vice-Dean.

#### **2. Formal Pathway**

##### ***a. University Procedures for Discrimination and Sexual Harassment***

The University of Pittsburgh maintains guidelines and prescribed procedures for investigating incidents of alleged discrimination or sexual harassment. These procedures are published annually in the University of Pittsburgh Handbook for all students and on the University of Pittsburgh Web site. Students who experience discrimination or sexual harassment are encouraged to consult these guidelines and to follow the procedures developed by the University for these situations.

##### ***b. Referral to the School of Medicine for Resolution***

Following initial informal review and inquiry, if it is determined that the complaint is not appropriate for informal channels, at the discretion of the Vice Dean or designate, an *ad hoc* committee may be appointed composed of faculty and peers of the accused to hold a hearing. At least one student member of the Honor Council will sit as a full voting member of the Committee for consideration of the particular incident. The accused will be notified in writing of the complaint. A copy of the notification will be sent to the Department Chair of the accused (for faculty)

and/or the Program Director (for residents). Both parties will be invited to attend the hearing. Students may also request that a special student advocate of their choosing attend the Committee during the hearing of the incident. Such advocates must be members of the University community with the exception of faculty of the College of Law or students of the same. The *ad hoc* Committee is focused on the academic goals listed in Section I above and, as such, precludes the involvement of legal counsel by any party.

### ***c. Procedure for Formal Resolution for Medical Students***

The *ad hoc* Committee will meet to review the facts of the complaint and will receive written or oral testimony. The accused may attend the hearing and will be offered the opportunity to rebut the complaint. The Chair of the *ad hoc* Committee will submit a written report of the Committee's recommendations to the Vice Dean. The Vice Dean may accept the recommendations or not and his final decision will then be communicated in writing to both the accused and the student. Incidents involving nurses or ancillary staff will be referred to the appropriate supervisor.

The Vice Dean will maintain records of the proceedings. The period between the receipt of a complaint, resolution, and action will occur within 30 business days.

## **B. RESIDENTS AND FELLOWS**

### **Informal Pathway**

#### ***a. Talking Directly with the Individual***

The resident/fellow may consider speaking directly with the person. If the behavior stems from misunderstanding or need for increased sensitivity, the person will often respond positively and stop. Open communication may clarify any misunderstanding or issue(s) and lead to a successful, informal resolution.

#### ***b. Counseling and Guidance***

Residents and fellows have the option of going to the rotation director, program director, chairman, or the Resident and Fellow Assistance Program. Should resolution not be successful or appropriate at this level, a resident/fellow may choose to refer the complaint, in writing, to the Associate Dean of Graduate Medical Education.

### **Formal Pathway**

#### ***a. University and UPMC Medical Education Procedures for Discrimination and Sexual Harassment***

The University of Pittsburgh and UPMC Medical Education (UPMC ME) maintain guidelines and prescribed procedures for investigating incidents of alleged discrimination or sexual harassment. These documents are maintained on the University of Pittsburgh and GME web sites. Residents or fellows, who experience discrimination or sexual harassment are encouraged to consult these guidelines and to follow the procedures developed by the University and used by UPMC ME for these situations.

#### ***b. Referral to the Associate Dean of Graduate Medical Education (GME)/Designated Institutional Official (DIO) for Resolution***

The Associate Dean of GME/DIO will receive all written complaints that are not resolved utilizing the channels above at the department level or through the Resident and Fellows Assistance Program. At the discretion of the

Associate Dean/DIO, an *ad hoc* committee of the UPMC ME GME Committee (GMEC) may be appointed. This committee should be composed of faculty and resident members from uninvolved departments or divisions. The GMEC *ad hoc* committee may call on the program director of the department or division involved as well as others who may have information to present regarding the complaint.

***c. Procedure for Formal Resolution for Residents/Fellows***

The GMEC *ad hoc* committee will meet to review the facts of the complaint and may receive written or oral testimony. The accused may attend the hearing and will be offered the opportunity to rebut the complaint. The Chair of the *ad hoc* Committee will submit a written report of the Committee's recommendations to the Associate Dean of GME/DIO. The Associate Dean/DIO may accept the recommendations or not and the final decision will be communicated in writing to both the accused and the resident/fellow. Incidents involving nurses or ancillary staff will be referred to the appropriate supervisor. The Senior Associate Vice Chancellor will be notified in writing of any disciplinary action taken. The Associate Dean/DIO will maintain records of the proceedings within the GME Office Archives. The period between the receipt of a complaint, resolution, and action will occur within 30 business days.

**VI. APPEALS PROCESS**

If the accused is a faculty member who wishes to appeal the decision of the *ad hoc committee*, or the disciplinary action of the supervisor, a written appeal must be submitted to the Dean, School of Medicine/Senior Vice Chancellor for the Health Sciences, within ten (10) business days of receipt of the decision or the disciplinary action. The action of the Dean/Senior Vice Chancellor shall be the final remedy available in this appeal process.

If the accused is a resident physician, the process follows the formal pathway described above. A written appeal must be submitted to the Associate Dean for GME/DIO or designate within ten (10) business days of receipt of the final decision.

If the accused is a medical student, the appeal will follow that outlined in the Honor Council Hearing Board document.

**VII. RETALIATION**

Retaliation against any member of the school community, who comes forward with a complaint or concern, is prohibited. If an individual believes that he or she is being subjected to retaliation as a result of coming forward with a concern or a complaint, he or she should refer the matter to the Dean of the School of Medicine or designate.

Approved by the Executive Committee - January 8, 2002

Amended by Drs. Rita Patel and Joan Harvey- December 13, 2010.