I. Goals of Policy

1. To define standards of conduct among all members of the Washington University Medical Center 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.

II. Preamble

The goal of the Washington University Medical Center is to provide patient care, medical education, and biomedical research of the highest quality. Accomplishing this goal depends in part on an atmosphere of mutual respect and collegiality among all those who work here. Disrespectful or abusive conduct of any kind at the Medical Center will not be tolerated. To this end, the School’s Committee on the Professional Treatment of Medical Students endorses the Professional Service Commitments outlined by Washington University School of Medicine, as well the standards put forth by the Barnes-Jewish Hospital BJH Cares campaign. These documents address the broad issues of respectful behavior among all members of our Medical Center community. The current document focuses instead on the special issues presented by the teacher/learner relationship, and applies to all years of the medical school curriculum.

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 teacher-learner relationship confers rights and responsibilities on both parties. Behaving in ways
that embody the ideal student-teacher relationship fosters respectful behavior, minimizes the likelihood of student mistreatment or abuse, and optimizes the educational experience for students.

A. Responsibilities of Teachers

- Be prepared and on time.
- Provide learners with most current materials.
- Treat students fairly, respectfully, and without bias related to their age, race, gender, sexual orientation, disability, religion or national origin.
- Give students timely, constructive and accurate feedback.
- Distinguish between the Socratic method, where insightful questions are a stimulus to learning and discovery, and over-aggressive questioning, where detailed questions are repeatedly presented with the endpoint of embarrassment or humiliation of the student.

B. Responsibilities of Learners

In all settings:
- Be courteous and respectful of teachers and fellow students regardless of their age, race, gender, sexual orientation, disability, religion or national origin.
- Treat fellow students as colleagues, not competitors.
- Take responsibility for maximizing your educational experience by addressing conflicts and discomforts which may impede your learning.
- Be an enthusiastic learner.
- Be trustworthy and honest.
- Know your limitations and ask for help when needed.

In the clinical setting:
- Put the patients’ welfare first.
- Know what’s going on with your patients.
- Take the initiative to educate yourself about their illness.
- Put patient welfare ahead of your educational needs.
- Treat all patients and members of the health care team respectfully, regardless of their age, race, gender, sexual orientation, disability, religion or national origin.
- Be compassionate.
- Respect patients’ privacy.

IV. Unprofessional and Abusive Behaviors

The responsibilities of teachers and students listed above constitute examples of respectful and professional behaviors. These should be our standards. Some behaviors which fall outside of these guidelines are clearly abusive. More commonly, however, they represent poor judgment, unprofessional behavior or mistreatment. Determining whether a given behavior constitutes abuse or unprofessional behavior is often a matter of perception. It involves a subjective assessment of the intentions of the doer and how the behavior in question was perceived by the recipient. The behaviors listed below in Section A are clearly abusive. Students who feel they may have been abused should discuss the incident or behavior in question with the individuals listed in Section V of this policy. Other disrespectful or unprofessional behaviors, such as (but not limited to) those noted in Section B, may also disrupt the
student’s educational experience. Students who feel they have been treated in this manner may also discuss the incident or behavior with other students, faculty members or residents, coursemasters, or the individuals listed in Section V of this policy. Students are encouraged to take responsibility for addressing issues which may be detrimental to their educational experience.

**A. What is Clearly Student Abuse**

1. Unwanted physical contact (such as hitting, slapping, kicking, pushing) or threats of same.
2. Sexual harassment (see the institution's policy and procedure for filing grievances at [http://hr.wustl.edu/policies/Pages/SexualHarassment.aspx](http://hr.wustl.edu/policies/Pages/SexualHarassment.aspx))
3. Discrimination based on age, race, gender, sexual orientation, disability, religion or national origin.
4. Requiring students to perform personal chores (i.e., running errands, babysitting, etc).

**B. Disrespectful or Unprofessional Behavior**

(This list is not intended to be all-inclusive, but to provide examples of inappropriate behaviors.)

1. Repeated questioning of a student with the primary intent to humiliate or embarrass.
2. Grading based on factors other than performance or merit.
3. Coercing students to do something they find morally objectionable.
4. Public humiliation.
5. Requiring excessive menial, noneducational chores. Work related to the care of patients contributes to the efficient functioning of the team, but must be balanced with educational opportunities.

**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 A above? If so, meet with your coursemaster and describe what happened. If the coursemaster takes action to settle the complaint, he/she will submit a written report of these actions to the Associate Dean for Medical Student Education. If you are not satisfied with your interaction with the coursemaster, or do not feel comfortable approaching him/her, meet with the Associate Dean for Medical Student Education. The Associate Dean will follow the procedure listed below.

If you determine that you have been treated disrespectfully or in an unprofessional manner, but have not been abused as described in Section A above, it may still be appropriate to pursue your complaint. You may do this by directly approaching the person whom you feel mistreated you, or by seeking assistance from another student, faculty member, resident, the coursemaster, or the Associate Dean for Medical Student Education. The goal of this process is to foster your educational experience by minimizing behaviors which detract from it.

The University will keep confidential all records of complaints, responses and investigations, to the extent permitted by law. Please refer to the University’s policy on sexual harassment above for details regarding confidentiality.

**VI. Procedure for Handling Complaints of Student Abuse**
The Associate Dean for Medical Student Education will be responsible for hearing complaints of student abuse (as described under Section A above) which are not settled at the coursemaster level. (Complaints settled by the coursemaster will also be relayed to the Associate Dean in writing.) 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 accused will be notified in writing of the complaint and the policy for handling such complaints, and will be invited to attend the hearing. A confidential copy of the notification will be sent to the accused’s department chair (for faculty and residents), training program director (for residents), or the Associate Dean for Student Affairs (for students).

If, however, the initial review discloses that the complaint has no merit, the Associate Dean for Medical Student Education will dismiss it. The student will be notified and may appeal to the Associate Dean for Student Affairs, who will convene an ad hoc committee to address the complaint.

The ad hoc committee will meet to review the facts of the complaint, and may receive written or oral testimony. All materials will be held confidential by the committee. The accused 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 Associate Dean for Medical Student Education. The Associate Dean will notify the accused and the student in writing of the findings. The department chair, program director or Associate Dean for Student Affairs will also be notified (see above), and will be responsible for determining disciplinary actions, which will not be disclosed to the accusing student. The Associate Dean for Medical Student Education will be notified in writing of any disciplinary action taken. Record of the proceedings will be kept by the Associate Dean for Medical Student Education. All complaints of student abuse brought to the Associate Dean will be cross-checked to determine if the accused has been cited previously.

**VII. Appeals Process**

If the accused is a faculty member and wants to appeal the decision of the ad hoc committee or the disciplinary action of the supervisor, a written appeal may be submitted to the University’s Committee on Faculty Rights, which will follow its policy for review. If the accused is a resident physician, a written appeal may be submitted to the Associate Dean for Graduate Medical Education.

If the accused is a student, a written appeal may be submitted to the Dean of the School of Medicine. The Dean or his designate will conduct an appeal review by examining the proceedings of the ad hoc committee as well as any new facts the accused student offers for consideration. The Dean or designate will notify the accused student in writing of his decision. There will be no further appeal.