

1.00 Appropriate Treatment of Medical Students Policy

(1) General statement of purpose

The purpose of this policy is to describe the formal process for resolving allegations of mistreatment involving students and faculty.

(2) Examples of mistreatment

Examples of mistreatment include sexual harassment; discrimination based on race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression; purposeful humiliation, verbal abuse, threats, or other forms of psychological mistreatment; and physical harassment, physical endangerment and/or physical harm.

(3) Education and training

To promote an environment respectful of all individuals, the School of Medicine provides ongoing education to students, residents, fellows, faculty, and other staff emphasizing the importance of professional and collegial attitudes and behavior. Also, the school makes available an ombudsman whom students may approach if they believe they have been mistreated.

Each year medical student mistreatment is included in the agenda for orientation. Reference is made to this topic in the course policies for each clinical rotation. Every clinical course and clerkship is evaluated by every student. These electronic evaluations include several questions about the learning environment and medical student mistreatment, and they invite free-text responses as well. Every quarter, the Associate Dean for Student Affairs and the Assistant Dean for Medical Education Operations meet to discuss the mistreatment report that has been created from the electronic student evaluations of the clinical courses that have met in that time period. Once the deans have been assured that any student who has reported mistreatment has received a grade for the course in question, the Associate Dean for Student Affairs sends email to the clerkship/course director and his/her department chair, describing the event and requiring a response. The deans monitor the responses and ensure that appropriate actions are taken. The data from the student evaluations become part of the annual review for each course.

The University of North Carolina Health Care mistreatment policy can be found in their Code of Conduct at: <http://www.unchealthcare.org/site/humanresources/careers/why/code/view>

Each year, the Chancellor of the University sends a message to the entire community about the appropriate treatment of learners.

(4) Scope of Policy

(a) If the University of North Carolina at Chapel Hill has an existing policy and/or procedure for resolving the type of mistreatment that has been alleged, that policy and/or procedure will be

followed. Such policies include, but are not limited to, the Student Grievance Procedure (including student grievances against University employees alleging sexual harassment, racial harassment, and discrimination on the basis of sex or sexual orientation), which interrelates with the University's Sexual Harassment Policy and the University's Racial Harassment Policy. Most student complaints against other students are addressed through the University's Instrument of Student Judicial Governance.

(b) If the individual accused of mistreatment is an employee of an entity other than the University, the allegations will be addressed under the policies and procedures of the individual's employer as set out in more detail hereafter.

(1) If the accused is a physician in training, the allegation of mistreatment will be referred to the Office of Graduate Medical Education. The Program Director and clinical chair will be informed of the allegation. The Hospitals' Office of Employee and Management Services, in collaboration with the Office of Graduate Medical Education, will investigate the allegation according to their standard procedure for such investigations. The results of this investigation will be reported to the School of Medicine's Vice Dean for Medical Education and Associate Dean for Student Affairs.

(2) If the accused is a hospital employee other than a physician in training, the allegation of mistreatment will be referred to the University of North Carolina Health Care System Director of Human Resources.

(c) If the individual accused of mistreatment is a patient, the allegation of mistreatment will be referred to the School of Medicine's Associate Dean of Student Affairs who will contact Risk Management and other offices as appropriate.

(d) If the accused is a student, the allegation of mistreatment will be referred to the School of Medicine Student Attorney General and investigated according to the procedures described in the Instrument of Judicial Student Governance. If the Student Attorney General finds that the allegation of mistreatment does not constitute an offense under the Instrument of Student Judicial Governance or represent non-compliance with the Technical Standards, then the allegation may be addressed under the Appropriate Treatment policy.

(e) This Appropriate Treatment policy shall be used to address only those cases where a student alleges mistreatment by a University employee or student that is not addressed by the University policies and procedures described in (4)(a) and (4)(d) or by other policies and procedures that the University may adopt at a later time to address other types of mistreatment. The ombudsman will be familiar with such policies and procedures and will advise students of the appropriate routing for complaints that do not fall within the scope of the Appropriate Treatment policy.

(5) Mistreatment Resolution

(a) When an allegation of mistreatment occurs, the parties directly involved may 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. (See item 5d below.)

(b) Students will most likely address a mistreatment issue initially with a class advocate, WMS officer, faculty advisor, career goal advisor, faculty instructor, mentor or the Associate Dean for Student Affairs. People in these positions should be aware of and able to advise students about the formal process for addressing medical student mistreatment grievances and should direct the student to contact the ombudsman (see Section 5c).

(c) Ombudsman: The position of ombudsman has been established to help resolve such matters. One of the roles of the ombudsman is to mediate between the conflicting parties and strive for reconciliation. Either the accuser or the accused may contact the ombudsman to seek assistance in resolving the matter. The ombudsman will encourage the parties to work out the problem between themselves, but also will be available as a facilitator of this process. The ombudsman is appointed by the Vice Dean for Medical Education. S/he may consult with the Associate Dean for Student Affairs regarding School of Medicine policies and procedures. The ombudsman is ultimately accountable to the Dean of the School of Medicine.

The ombudsman must be knowledgeable concerning the various UNC and School of Medicine policies for handling complaints.

One of the ombudsman's roles is to discern whether a given complaint should be handled by the ombudsman or through other channels. For example, if a student claims to have received an unfair grade, the ombudsman will advise the student to use the procedures currently in place for appealing grades, as described in Article 9. Disputes over grades will be handled according to such policies, rather than by the ombudsman.

When faced with questions concerning the university's legal responsibilities, the ombudsman must seek advice from the UNC-Chapel Hill Office of General Counsel.

(d) For allegations of mistreatment by fellow students that do not constitute an offense under the Instrument of Student Judicial Governance or non-compliance with the Technical Standards, and allegations involving faculty, EPA non-faculty, or SPA employees, the student, in consultation with the ombudsman, may request that the Vice Dean for Medical Education form an ad hoc faculty committee to review the allegations. The committee will investigate and attempt to resolve the matter. If the accuser or the accused is unsatisfied with the results achieved through the ad hoc committee, then either may appeal the matter to the Dean of the School of Medicine and ultimately, if desired, to the Chancellor of the University of North Carolina (see section 6).

(e) Appearance before an ad hoc committee does not waive any civil or criminal rights of the parties.

(f) If the Vice Dean brings an ad hoc faculty committee into a case, the accused does not have the right to prevent the committee from meeting. Provided the accused has received appropriate and timely notice of the meeting, if the accused does not attend, the committee may still meet, hold a supplemental hearing, and issue recommendations to the Vice Dean.

(g) Actions against an accused who is found responsible for mistreatment may include, but are not limited to, a requirement to apologize to the accuser, review educational material, attend an educational session; a reduction in salary or bonus associated with a decrease in teaching activities; otherwise appropriate disciplinary actions; or dismissal.

(h) If the accused is found responsible for mistreatment, and was involved in evaluating the accuser's academic performance, then the accuser may wish to appeal his or her course grade through the process defined in Article 9, Student Appeals.

(6) Appeals Process

(a) Appeals from ad hoc faculty committee decisions are directed to the Dean of the School of Medicine. These appeals must be in writing and state the reason for appeal.

(b) The decision of the Dean of the School of Medicine may be appealed to the Chancellor. These appeals must be in writing and state the reason for appeal.

(7) Protection from retaliation and malicious accusations

(a) Protection from retaliation. Any act by a University employee or agent of reprisal, interference, restraint, penalty, discrimination, coercion or harassment—overtly or covertly—against a student for responsibly using the policy and its procedures violates this policy and is a ground for prompt and appropriate disciplinary action.

(b) Abuse of this policy. Charges found to have been intentionally dishonest or made in willful disregard of the truth will subject the complainant to disciplinary action.

(c) Restoration of accused's reputation. In the event the allegations are found not to be substantiated, all reasonable steps will be taken to restore the reputation of the accused as deemed appropriate by the Dean of the School of Medicine.

Notes and Procedures:

1.02(1)

The University of North Carolina School 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 academic mission of the School 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, pre-clinical and clinical faculty, administrators, fellows, residents, nurses, and other staff.

1.02(2)

The following are examples of types of mistreatment and are not inclusive.

- to speak insultingly or unjustifiably harshly to or about a person
- to ask for sexual favors
- 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 deliberately and repeatedly exclude from reasonable learning experiences (faculty, residents or staff)
- retaliation for making an allegation of mistreatment
- to make a person uncomfortable with respect to gender, race, religion, ethnicity, sexual orientation, appearance, or any other personal attribute

Such actions are contrary to the spirit of learning, violate the trust between teacher and learner, and will not be tolerated by the School of Medicine. For purposes of this policy, to mistreat is to treat in a harmful, injurious, inappropriate, or offensive way.

1.02(3)

Education of the medical school 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 school's policy on and process of responding to allegations of mistreatment.

Educational efforts will be directed to all members of the School of Medicine's 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: pre-clinical and clinical students, residents, pre-clinical and clinical faculty, and nurses.

1.02(4)

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

Approved by the UNC-Chapel Hill Office of University Counsel, October 31, 2003
Updated September 2008. Updated October 2010.

Approved by the Education Committee, October 17 2011.