

TITLE OF POLICY

Learning Environment and Student Mistreatment Policy

PURPOSE AND SCOPE

The purpose of this policy is to outline the school's commitment to a learning environment that is conducive to learning, describe mistreatment of medical students, and list the steps for reporting mistreatment.

RESPONSIBLE PARTY AND REVIEW CYCLE

The Education Committee with input from Student Affairs reviews in odd numbered-years or on an as-needed basis this policy.

LCME REFERENCE(S)

LCME 3.5: Learning Environment/Professionalism

LCME 3.6: Student Mistreatment

HISTORY OF APPROVALS AND UPDATES

Approved June 2019 by Education Committee

Approved October 2025 by Education Committee

DEFINITION(S)

Learning Environment: Diverse physical locations, contexts and cultures in which students learn. The learning environment influences 1) Engagement, motivation, 2) Wellness, belonging, and 3) Emotional and social dimensions of the classroom.

POLICY

This policy complies with the [University's Policy on Non-Discrimination and Policy on Prohibited Discrimination, Harassment, and Related Conduct](#). It also takes into account the HYPERLINK "<https://www.uncmedicalcenter.org/uncmc/patients-visitors/patient-rights-responsibilities/>"UNC [Patient Rights and Responsibilities Policy](#).[Patient Rights and Responsibilities Policy](#).[Patient Rights and Responsibilities Policy](#).

Commitment to a Positive Learning Environment

UNC SOM strives to create a learning environment that is safe for patients and welcoming to learners, where all individuals involved in the health care endeavor are treated with respect and are made to feel that they belong.



A positive learning environment for medical student includes the following features:

- Treat students with respect. Example behaviors include, but are not limited to, calling the student by name, calling attention to micro-aggressions as a bystander, and apologizing for lapses in professionalism.
- Include students in the team. Example behaviors include, but are not limited to, giving meaningful work and including in clinical discussions.
- Help students learn. Example behaviors include, but are not limited to, giving real time feedback, imparting clinical knowledge, and providing learning goals at the beginning of session/rotation.

Description of Student Mistreatment

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 varying life experiences 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, patients, and other staff.

Mistreatment includes 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.

The following are specific 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 performing 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 age, gender, race, religion, ethnicity, sexual orientation, appearance, or any other personal attribute



Communication and Training on Learning Environment and Student Mistreatment

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.

Training on Policies and Procedures on Learning Environment and Mistreatment include:

- Medical Students are made aware of policies and procedures at MS1 orientation, ongoing class meetings, Transition to Application Phase course, and orientation for each core clinical course. Policies and procedures are accessible on each clinical course's learning management system site and the school's website, along with an online link through which a student can submit a report of mistreatment anonymously.
- Residents are made of the policies and procedures at orientation through the Office of Graduate Medical Education.
- Faculty are made aware of policies and procedures annually and aggregated data on the learning environment is made available to faculty leadership
- Clinical department chairs are made of policies, procedures and metrics during annual chair evaluation meetings with the dean.

PROCEDURES

Monitoring Learning Environment and Student Mistreatment

Office of Student Affairs

The Director for the Learning Environment of Undergraduate Medical Education, along with senior leadership in Student Affairs track and review data on the learning environment. Data sources include learning environment metrics and reports of mistreatment submitted through rotation evaluations distributed multiple times during clinical courses, direct reports to the Deans for Student Affairs, and reports submitted through a confidential [online link](#). The submission of a mistreatment report on a rotation evaluation or submission from the online link triggers an immediate alert sent to the Associate Dean for Student Affairs and the Director of the Learning Environment for Undergraduate Medical Education. Additionally, the Director for the Learning Environment meets regularly with Human Resources and the University Compliance Office to review reports that are submitted. The submission of a mistreatment report on a rotation evaluation or submission from the online link triggers an immediate alert sent to the Associate Dean for Student Affairs and the Director of the Learning Environment for Undergraduate Medical Education.

If a learning environment report is submitted which is serious enough to consider removing the student immediately, the Director for the Learning Environment will obtain input from representatives from the Office for Curricular Affairs and the Office for Student Affairs. Together this group will make a decision about a shift in the student's schedule. Oftentimes an immediate substitution cannot be made but every effort will be made to provide the student a comparable clinical experience while taking into account student's planned graduation date, limitations of preceptor availability, campus capacity, general clinical capacity as well as contracts that are already in place.

Clinical Course and Phase Directors

Clinical Course Directors in Application and Individualization Phases receive aggregated data on learning environment and mistreatment metrics from rotation evaluations at specific intervals throughout the academic year. Campus Deans at every campus receive aggregated data regularly. Phase directors from all curricular phases review aggregated on learning environment and mistreatment annually during the phase evaluation. Data sources include reported incidents, teaching evaluations, rotation and course evaluations, external surveys (Y2Q and GQ), and internal surveys (Post Application Phase and Finish Line surveys). Senior leadership in Student Affairs also reviews these data.

Mistreatment Response Protocols

Response to Students

The Director of the Learning Environment contacts the students upon receiving a report of mistreatment or poor learning environment. Together they decide if and when to pursue action in response unless Human Resources and/or the University Compliance Office dictate otherwise. (If it is an anonymous report, i.e. the identity of the reporter is unknown, the Director of the Learning Environment will move forward immediately.) If the report involves immediate harm or a compliance concern, the Director of the Learning Environment reserves the right to move forward while maintaining the student's confidentiality. The Director of the Learning Environment will "close the loop" with the student to let the student know incident has been managed per protocol. Details about institutional response specific to the individual will not be given; general systemic changes in process and procedure may be provided.

Incident Management

- All learning environment reports are reviewed with Human Resources and, if appropriate, the University Compliance Office.
 - Discrimination and harassment has to be reported to the University Compliance Office in accordance with University policy.
 - Human Resources will assume responsibility for reports with egregious or concerning repetitive patterns of behavior.
- Department leadership will also be informed
 - Department Chairs are provided aggregate data without specific faculty information for minor learning environment issues.
 - Program Directors will be informed for any GME learners who are reported
 - Any concern involving GME learner mistreatment will be shared with the Chief Graduate Medical Education Officer/ACGME Designated Institutional Official
- The Director of the Learning Environment or departmental/divisional designees will meet with the reported faculty to provide feedback.
 - Any concerns involving staff will be managed with their supervisor
 - Any concerns involving residents will be managed by their Program Director



Learning Environment Reports

- All learning environment concerns from branch campuses will be shared with campus leaders on a bimonthly basis unless the severity of the concern dictates otherwise.
- All learning environment reports are tracked to help identify those individuals or locations with repetitive reports.
- Aggregated learning environment data will be shared annually with all department chairs, branch campus leaders, the Senior Associate Dean for Medical Student Education, the Associate Dean for Student Affairs, and the Associate Dean for Curricular Affairs.
- Separate trimester reports will be provided to departments and divisions with higher numbers of learning environment reports, branch campus leaders and the Associate Dean for Student Affairs.