

**Institutional Standards of Behavior in a Learning Environment**  
**Student Mistreatment Policy**  
**Joan C. Edwards School of Medicine**  
**Marshall University**

**I. Introduction**

The policies of the Marshall University Board of Governors, recommendations of the Association of American Colleges (AACSB), and the Liaison Committee on Medical Education (LCME) state that the Joan C. Edwards School of Medicine will strive to foster and promote a learning environment that embraces support, creativity, respect, collegiality, kindness, cooperation, and resilience. This policy applies to students enrolled in the MD degree program at the Joan C. Edwards School of Medicine.

**II. Definitions**

From the AACSB Graduation Questionnaire the following of student mistreatment has been provided:

*Mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment, discrimination, or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.*

From the LCME Structures and Functions of a Medical School the following standard has been provided

*Standard 3: Academic and Learning Environments: A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.*

*Element 3.5 Learning Environment/Professionalism: A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.*

*3.6 Student Mistreatment: A medical education program defines and publicizes its code of professional conduct for the relationship between medical students, including visiting medical students, and those individuals with whom students interact during the medical education program. A medical school develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.*

Physicians are held to high standards of professionalism. The medical learning environment should facilitate the skills and knowledge of collegial attitudes for effective, caring and compassionate health care. In order to nurture these skills, respect between teachers and students, staff and students, and between fellow students must be present. Those in authority are expected to role model these behaviors of high professionalism in their interactions with patients, family members, members of the health care team, staff and students.

It is acknowledged that the social and behavioral diversity of faculty, residents, staff and students may lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. Examples of inappropriate professional behaviors include, but are not limited to: (examples from LCME standards)

- Publically embarrassed or humiliated
- Threaten or actual physical harm
- Required to perform personal services
- Subjected to unwanted sexual advances
- Request to exchange sexual favors for grades or other rewards
- Denied opportunities for training or rewards based upon gender, race, ethnicity or sexual orientation
- Subjected to offensive, sexist remarks/names based upon race, ethnicity, gender or sexual orientation
- Received lower evaluations or grades solely because of race, ethnicity, gender, or sexual orientation rather than performance

### **III. Reporting Procedures**

The individual considering making a report of mistreatment should first, if at all possible, attempt to resolve the matter directly with the alleged offender. Students may consult with the Assistant Dean of Student Affairs at any time for assistance. Such informal consultation will be confidential, unless precluded by safety of the student or University policy and procedure. Students have the right to report such incidents without fear of retribution or retaliation.

Any case that this does not resolve the situation, the student is then encouraged to file a formal report to the Assistant Dean of Student Affairs who will then begin to conduct a formal investigation which will include:

- Interview the student

- If the mistreatment is alleged to have originated from a resident, the resident program director will be notified in writing. The program director is required to provide written documentation of the investigation and actions taken to the Assistant Dean of Student Affairs
- If the mistreatment is alleged to have originated from a faculty member, the Assistant Dean of Student Affairs will coordinate a formal investigation with the Assistant Dean of Academic Affairs and make a determination as to whether the matter should be referred to the Behavioral Integrity Committee or the Marshall University Office of Equity

If the student making a complaint wishes to remain anonymous, the student will be counseled as to how the anonymity of the complaint will inhibit or prohibit further investigation. There may be individual circumstances in which the administrator to whom the incident was reported can address an anonymous complaint by talking to the clerkship director or chair of the department involved. Those individuals are authorized to take appropriate action if that can be done without disclosing the identity of the person making the complaint.

Any student alleging sexual harassment or unlawful discrimination will be referred to the Office of Equity/Title XI Coordinator.

#### **IV. Behavioral Integrity Committee**

The Behavioral Integrity Committee membership will include two faculty members appointed by the Dean (one basic scientist and one clinician, one of whom will serve as the chair), the Vice Dean of Graduate Medical Education, and the Vice Dean of Medical Education and General Counsel for Marshall University (and/or designees appointed by the Dean). When a complaint is referred to the committee, the committee will meet to review the complaint within 30 days of referral. The committee may elect to solicit the facts in a manner it deems appropriate, reach a conclusion, and recommend a sanction to the Dean of the School of Medicine

Recommendations must be made to the Dean of the School of Medicine by 30 days from the date of the referral to the committee. In all cases, the Behavioral Integrity Committee will have wide latitude to determine whether the recommendation will be informal (i.e. verification, guidance, and warning) or formal (possible administrative action). The degree of sanction will be proportional to the degree of the offense. If an alleged complaint is reported that involves a member of the committee, that individual will be recused.

#### **V. Appeal Process**

Either party may appeal the decision of the Behavioral Integrity Committee to the Dean of the School of Medicine. The decision of the Dean will be final.

*Approved November 30, 2018*