

**MARSHALL COMMUNITY HEALTH CONSORTIUM
GRADUATE MEDICAL EDUCATION COMMITTEE**

**INSTITUTIONAL STANDARDS OF BEHAVIOR IN A LEARNING ENVIRONMENT
POLICY**

SECTION 1. STATEMENT AND SCOPE OF POLICY

Marshall Community Health Care Consortium, in keeping with policies of its affiliates, Marshall Health/Marshall University Joan C. Edwards School of Medicine, Cabell Huntington Hospital and Valley Health Systems, strives to foster and promote a learning environment based upon mutual respect that facilitates residents' acquisition of the professional and collegial attitudes necessary for becoming knowledgeable, skilled, and compassionate physicians.

SECTION 2. THE LEARNING ENVIRONMENT AND RESIDENT MISTREATMENT

- 2.1. Resident mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.
- 2.2. The Faculty and Administration of the Marshall Community Health Consortium recognize that the learning environment goes beyond formal learning activities to include the attitudes, values, and informal lessons conveyed to students by the individuals from whom they learn. They also recognize the need for effective and constructive criticism as a part of the learning process, and that feedback must not be demeaning or dehumanizing: rather, it should be a straightforward assessment of the strengths and weaknesses of the resident, along with a discussion about how the resident can use the feedback to improve his or her performance.
- 2.3. Social and behavioral diversity of students, residents, faculty, and staff, in combination with the intensity of the learning experience and the practice of medicine, 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:
 - 2.3.1 Physical punishment or physical threats
 - 2.3.2 Sexual harassment
 - 2.3.3 Discrimination based on race, religion, ethnicity, sex, age, sexual orientation, or physical disabilities
 - 2.3.4 Repeated or gross singular episodes of psychological punishment of a student by a particular superior or equal (e.g., public humiliation, dehumanization, belittlement or derogatory comments,

threats, intimidation, rejection, alienation, or inappropriate removal of privileges)

- 2.3.5. Repeated or gross singular episodes of annoying or humiliating conduct that offends a reasonable person to whom the conduct was obviously directed, including but not limited to the following:
 - 2.3.5.a. Obviously condescending expression, gestures, behavior, speech, physical contact or
 - 2.3.5.b. Repeated inappropriate telephone, text, e-mail messages or social media.
- 2.3.6. Favoritism in grading or attention
- 2.3.7. Punishment by the assigning of tasks not for educational purposes
- 2.3.8. Requiring the rendering of personal services
- 2.3.9. Taking credit for another individual's work
- 2.3.10. Intentional neglect or intentional lack of communication
- 2.3.11. Retaliation as a result of a complaint of mistreatment

SECTION 3. ADHERENCE TO AFFILIATE DISCRIMINATION AND SEXUAL HARRASSMENT POLICIES

- 3.1. As Consortium faculty, residents, and staff are held to the standards, policies and procedures set forth in this policy and by affiliated hospital or site standards, policies and procedures.
- 3.2. Faculty, residents, and staff are required to complete, on an annual basis, the online Sexual Harassment Training Module offered by Marshall University (<http://training.newmedialearning.com/psh/marshallu/choice.htm>).

SECTION 4. REPORTING MISTREATMENT

- 4.1. The DIO shall charge an Institutional Behavioral Committee (IBC) of the Graduate Medical Education Committee with reviewing curricular or faculty issues which require attention (e.g., evidence of inappropriate behavior, resident mistreatment).
- 4.2. If an incident of alleged mistreatment by a faculty member is noted on an evaluation, the DIO will send the program director will be sent a letter on behalf of the IBC Committee which details the allegation(s). The Program Director will then have fifteen (15) business days to respond to the DIO describing the investigation/action taken regarding the concern. The DIO will then review the Program Director's response and, if the response is deemed appropriate, will monitor the concern on subsequent evaluation reviews.
- 4.3. If the DIO believes that the response is inadequate or if a pattern of behavior is identified that does not change despite the efforts of the Program Director, the DIO will then forward the concern to the Behavioral Integrity Committee.

- 4.4. If an incident of alleged mistreatment by a resident is noted on an evaluation, the resident's program director will be notified in writing. At that time, the Professionalism and Disruptive Behavior Policy established in the "Guidelines for Residencies and Residency Training Programs" will be followed policy is included in the Resident Handbook).
- 4.5. If a resident alleges mistreatment and/or inappropriate behavior of a nature that requires a more rapid protocol than is specified above, the DIO will have wide latitude to take more direct action. In cases such as this, a designee of the DIO will contact the appropriate residency director, who will be required to investigate the matter within 24 hours and provide the DIO with documentation of the course of the investigation and the action(s) taken.
- 4.6. If this resolution is not satisfactory to the DIO, the matter will be referred to the Behavioral Integrity Committee.

SECTION 5. REPORTS OF MISTREATMENT MADE DIRECTLY BY RESIDENTS

- 5.1. Any resident who feels that he or she has been mistreated is encouraged to report the incident(s) to the DIO or the Program Director.
- 5.2. The individual receiving the report of alleged mistreatment will meet with the resident and conduct an informal investigation, to include all supporting documentation of the alleged event and documentation of the informal investigation.
- 5.3. The Program Director is required to provide written documentation of the investigation and actions taken.
 - 5.3.1. If the mistreatment is alleged to have originated from a faculty member, the DIO will conduct an informal investigation and make a determination as to whether the matter should be referred to the Behavioral Integrity Committee.
- 5.4. If a resident making a complaint wishes to remain anonymous, the resident will be counseled as to how the anonymity of the complaint will inhibit or prohibit further investigation.
- 5.5. There may be individual circumstances in which the administrator to whom the incident was reported can address an anonymous complaint by talking to the program director. Those individuals are authorized to take appropriate action if that can be done without disclosing the identity of the person making the complaint.

SECTION 6. BEHAVIORIAL INTEGRITY COMMITTEE

- 6.1. The Behavioral Integrity Committee membership will include two faculty members appointed by the DIO, two members of the Graduate Medical Education Committee, one of whom will serve as chair, and one resident.
- 6.2. When a complaint is referred to the Committee, the Committee will meet to review the complaint within 30 days of referral to the Committee. The Committee may elect to solicit the facts in a manner it deems appropriate, reach a conclusion, and recommend a sanction to the DIO.
- 6.3. Recommendations must be made to the DIO by 30 days from the date of referral. 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).
- 6.4. 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 Behavioral Integrity Committee, that individual will recuse him- or herself.

SECTION 7. APPEAL PROCESS

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

SECTION 8. REPRISALS AND MALICIOUS COMPLAINTS

- 8.1. In keeping with the code of professional behavior, a concerted effort must be made to provide employees, residents and students with an environment free of all forms of mistreatment and harassment.
- 8.3. Any retaliatory action taken as a result of a report of mistreatment or harassment will be a violation of this policy.
- 8.4. Accusations of violations of this policy can have serious and far-reaching negative effects on the careers and lives of accused individuals.
- 8.5. Allegations must be made in good faith and not out of malice. Any accusations found to be malicious in intent may be subject to disciplinary action by the Behavioral Integrity Committee.

Effective Date: August 8, 2014

Approved by CGMEC: August 8, 2014

Approved by Consortium DIO: August 8, 2014

