

Policy on Appropriate Treatment of Learners at Duke University School of Medicine

Policy Statement

Duke University School of Medicine (SOM) is committed to creating and maintaining a positive learning environment for learners that is respectful and appropriately attentive to their learning needs and free from conduct by teachers that could be interpreted by learners as mistreatment. Behavior that violates this stated expectation will be investigated, and if found to represent mistreatment, may become the subject of disciplinary action by the SOM.

Policy Rationale

The SOM adopted in 2002 the “Compact Between Teachers and Learners of Medicine” as articulated by the AAMC and this additional policy is designed to clarify and expand on the goals articulated there. Both documents are based on the premise that students learn how to be professionals by observing and imitating their role models, and that therefore the teachers of a medical school have an obligation to convey professional values by demonstrating appropriate standards of behavior.

This policy is not intended to abridge the academic freedom of teachers, and will be applied in a manner that protects those freedoms. It is consistent with the “[Statement on Faculty Professionalism](#)” of the School of Medicine, the “[Duke Medicine Code of Conduct: Integrity in Action](#)”, and the “[Harassment and Discrimination Policy](#)” of Duke University. Under the “Policy on Appropriate Treatment of Learners at Duke University School of Medicine,” students could be considered teachers or learners, depending on the role they play in any specific situation.

In some Health Professions Education (HPE) programs, initial internal review by program-specific committee of data (such as end-of-clinical or preceptorship evaluations or communication from students to program faculty) will result in escalation of a report or situation to the attention of the CATL chair for consideration by the committee. In other HPE programs, similar data will be directed to the CATL chair without prior HPE program review.

Policy Standards

Conduct that is expected of those in a teaching role includes:

1. Taking responsibility for learners assigned to one’s course or service, and ensuring a safe, fair, supportive, unbiased learning environment that respects learners’ physical and social boundaries and encourages their development as medical professionals
2. Clearly communicating expectations, and applying consistent evaluation and grading methods which are communicated in advance of learner performance
3. Assigning tasks to learners based on their knowledge, skills and experience
4. Providing supervision and appropriate remediation when learners are not adequately prepared
5. Providing feedback to learners in a timely, constructive, personalized and explicit manner
6. Abiding by the Duty Hours Policy and other policies of the SOM
7. Adhering to Duke University’s policies on Harassment and Consensual Relationships

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Examples of conduct that is considered inappropriate in a teaching role include, but are not limited to:

1. Threatening or intimidating behavior or words (e.g. verbal threat of intent to harm, making a gesture as if to strike, screaming or yelling at a learner, standing over a learner or getting “in your face”)
2. Using obscenities, profanity, or racially/culturally-derived/gender-based terms or names directed at a learner, OR using such verbal expressions so as to create a negative environment even if not directed at the learner. (e.g. cursing at a learner or other members of the team, using a gender- or racially-charged epithet to refer to a learner)
3. Using threatening or obscene gestures, cartoons, or jokes in the presence of a learner
4. Degrading a person or group on the basis of a personal or cultural characteristic (e.g. “people like you are all stupid”, “your people all expect me to read your minds”, “I can’t believe you want to go into specialty X and become a drone”)
5. Ignoring learners assigned to you or failing to complete assigned learner evaluations
6. Requiring learners to perform personal services at any time (e.g. get me coffee, pick up my laundry, pet-sit this weekend, pick up something I forgot in my office, listen to my personal problems)
7. Inviting learners who are being currently supervised, evaluated, or graded to romantic or sexual relationships; sexual assault, or sexual or gender-based discrimination or harassment through words, gestures, and behaviors (e.g. inviting on a date, commenting repeatedly on attractiveness or clothing, making sexually suggestive comments or gestures)
8. Taunting, mocking, or humiliating a learner through acts and words (e.g. mimicking something the student got wrong, giving highly pejorative feedback in the presence of others)
9. Using aggressive questioning to the point of badgering or humiliation in the guise of the “Socratic method” (e.g. after questioning the student to the limits of his/her knowledge, persisting in asking the same question the student can’t answer or more difficult questions for the purpose of humiliation)
10. Endangering the safety of a learner (e.g. inflicting physical harm, requiring the learner to go somewhere unsafe or to be exposed to dangerous objects or substances without education and proper protection, asking learners to perform tasks they are not trained to do, telling a learner not to report an occupational exposure)
11. Endangering the learner’s professional development (e.g. telling learners to ignore institutional or school policy, inviting learners to do something unethical or illegal)

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12. Grading based on factors other than performance on previously announced grading criteria; creating disadvantage in learning opportunities, teaching, feedback or grading based on personal characteristics of the learner (e.g. giving a better grade because someone is going into your field or you like them best)
13. Acting in retribution against any learner who reports perceived inappropriate treatment (e.g. telling others that a learner is a “snitch” or to “watch out for that one”, giving the learner a grade less than they deserve, calling a residency program to “warn” them about a learner)

Reporting of Inappropriate Treatment in the Teacher-Learner Relationship

Perceived inappropriate treatment of a learner, either experienced or witnessed, should be reported by using one or more of the following methods:

- via the [Adverse Events Reporting System \(AERS\)](#) (can be anonymous)
- verbally or in writing to the course director of the learner’s course
- verbally or in writing to faculty advisor of the learner
- verbally or in writing to the Associate Dean for Learning Environment and Well-Being or the Assistant Dean for Student Services
- in a mandatory end-of-course evaluation
- in other internal surveys done by the learner’s program
- to a member of the School of Medicine Committee on Appropriate Treatment of Learners (CATL)
- to the SOM or University Ombudsperson
- to the Duke University Office of Institutional Equity

Evaluation of Reports of Inappropriate Treatment of Learners in the School of Medicine

CATL will approach reviews through a restorative processes which includes:

- CATL Chair will train CATL members on principles of restorative justice on an annual basis, as this is the preferred lens through which to assess reports
- CATL Chair will de-identify all reports for presentation to CATL. The focus of CATL discussions is on behaviors and recommending next steps in light of the reported behaviors.
- Reports that may meet title IX criteria will be referred to OIE for consideration, while CATL approaches their assessment through a restorative lens

All reports of inappropriate treatment of learners will initially be evaluated by the School of Medicine Committee on Appropriate Treatment of Learners (CATL). CATL will review the concerns and will make recommendations for addressing the concerns. For example:

1. Evaluations of inappropriate treatment by students who are in a teaching role can be handled as potential breaches of professionalism and can be reported on an electronic Professionalism Notification Form on the School of Medicine website as a potential Code of Professional Conduct violation.
2. Evaluations of inappropriate treatment by residents who are in a teaching role will be reported to the Associate Dean for GME / DIO, Residency Program Director and/or Vice Chair for Education or Chair of the relevant clinical department.

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3. Concerns for inappropriate treatment by faculty who are in a teaching role will be reported to the Vice Chair for Education or Chair of the relevant clinical department and may ultimately be reported to the Vice Dean for Faculty, who may involve the Vice Chair for Faculty of the relevant department.
4. Concerns for inappropriate treatment of learners by non-Duke Clinical Educators or staff will be directed to supervisors with input from clerkship director and departmental education leadership.

CATL will determine an appropriate deadline for reporting of actions taken based on the urgency of the situation. If CATL is not satisfied that an appropriate action has been taken to prevent future inappropriate treatment by a teacher, it will report its concern to the Vice Dean for Education for further action. In all cases, CATL will report back to the person who reported the inappropriate treatment, if identified, that action has been taken on their report, though specific details of that action will not generally be revealed.

Confidentiality of Reporting Mechanisms

While there are several anonymous and confidential ways to report inappropriate treatment of learners, full disclosure of the persons involved and the behaviors witnessed can lead to more effective action to correct the problem. Therefore, we encourage full reporting of incidents of inappropriate treatment of learners and people involved in them. However, anonymous reports will also be assessed to the extent that specific information is provided. The identity of learners reporting inappropriate treatment can often be protected by delaying action on the report until the learner is no longer vulnerable, or by collating reports so that individuals cannot be identified. The School and the University will keep confidential all records of complaints and investigations to the extent permitted by law. However, *behaviors that violate Title IX of the 1972 Education Amendments to the Higher Education Act, which include discrimination or harassment based on sex or gender, must be reported by any responsible employee (any paid employee of the university or health system) so that they can be promptly acted upon in order to be compliant with Federal Law.* Behaviors that pose an immediate danger to others (e.g. violence or threats of physical violence, illegal drug use by caregivers in the clinical setting, deliberate violation of patient safety procedures) or are illegal (e.g. stealing narcotics, falsifying patient records) must also result in immediate reporting so that action can be taken.

Protection of Rights of those Reporting Inappropriate Treatment

The success of this policy and procedures in safe-guarding the learning environment depends on the timely reporting of incidents of inappropriate treatment. In all cases, retaliation, or the encouragement of another to retaliate, against the person making such a report or the learner involved is strictly prohibited and, if found to exist, would become the focus of an investigation and sanctions.

Protection of the Rights of those Accused of Inappropriate Treatment

Intentional false or malicious reports of inappropriate treatment by learners will not be tolerated and will be handled as a disciplinary matter in the learner's program. All reports of inappropriate treatment will be handled confidentially with the exceptions noted above, and in a manner that affords the accused due process.

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