

## **Student Mistreatment and Other Unacceptable Behaviors**

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**Number:** 4.200

**Status:** Final

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### **Applies to:**

School of Medicine faculty, staff, and students.

### **Policy Statement:**

The University of Virginia School of Medicine strives to achieve a respectful, cooperative, and professional environment for students in the School of Medicine and affiliated educational and clinical settings. The environment in which medical students learn must be free from mistreatment and other unacceptable behaviors that may be used adversely to control, influence, or affect the well-being of any medical student; exhibiting such behaviors conflicts with the mission and values of the School of Medicine. Allegations and complaints of the occurrence of these behaviors will be quickly and fully investigated and, if the allegations are founded, appropriate disciplinary or other actions will be initiated. The terms "mistreatment" and "unacceptable behaviors" include but are not limited to:

- threatening or abusive language, profanity or language that is perceived by medical students to be demeaning, berating, rude, loud or offensive, publicly belittling or humiliating, and/or
- actual or threatened inappropriate physical contact, and/or
- other forms of behavior that are perceived as intimidation or harassment by medical students, and/or

- behaviors perceived to be a pattern of disruptive behavior or interaction that could interfere with teaching, learning or adversely impact the quality of care rendered to any patient, and/or
- bias, defined as a threat or act of harassment or intimidation – verbal, written or physical – which is personally directed against or targets a student because of that student’s race, age, color, disability, national or ethnic origin, political affiliation, religion, sex (including pregnancy), sexual orientation, or veteran status.

## **MSAC Procedures**

The Medical Student Advocacy Committee (MSAC) hears, evaluates, and responds to reports of mistreatment or unacceptable behaviors directed at or witnessed by medical students. In addition, the committee is proactive in educating its members as well as others in the UVA School of Medicine medical education community (medical students, housestaff, faculty, and other staff) in an effort to prevent mistreatment or unacceptable behaviors directed at or witnessed by medical students. This has been achieved through required medical student sessions (for example, during Orientation and the Transitions Course), visits to clinical departmental meetings to discuss the professional treatment of medical students, invitations to guest speakers to present at Advocacy Committee meetings, and members’ discussion of journal articles relating to medical student mistreatment and medical student moral distress.

Medical students can make reports about mistreatment or unacceptable behaviors in person or by phone or email to any member of the committee. They can also make anonymous or identified reports to the committee using the “Student Listening Post” web site <http://www.med-ed.virginia.edu/listen/>. However, anonymous reports may be difficult to investigate since the source of the information is unavailable to provide additional information the committee may find helpful. In addition, medical students can report unacceptable behavior through the clerkship evaluations that they complete on OASIS.

The University also has a web site for all students for reporting bias complaints: <http://www.virginia.edu/justreportit> Further, Medical Center Policy 0262 <http://www.healthsystem.virginia.edu/docs/manuals/policies/mc> provides another means by which to note complaints of unacceptable behavior involving members of the Clinical Staff, GME Trainees, or Allied Health Professionals.

### Confidentiality and Required Reporting by MSAC:

Reports of mistreatment or unacceptable behavior are handled confidentially to the extent possible given the committee's obligation to investigate the report. In most instances, the committee will take no action without the consent of the student who makes the report. There are, however, exceptions, such as if the alleged offense falls under the University of Virginia "Policy and Procedures for Student Sexual Misconduct Complaints" and the University deems itself required under Title IX to investigate and take reasonable action, or other offenses that would require reporting based on legal or ethical responsibilities, including those identified in Medical Center Policy 0262. In some cases, students may request that no immediate action be taken until the student has completed a specific course or clerkship or until the student has graduated. Students making in-person reports to a Committee member may choose whether to appear before the Committee to discuss their reports or to have their reports presented by a member of the Committee. These reports can be presented with the student identified or anonymous.

### Composition of Committee:

The committee is chaired by a physician with recent or current clinical experience. Also serving on the committee is a clinician vice chair, clerkship and pre-clerkship faculty, nursing representatives, GME trainees, and the Assistant Dean for Medical Education. Four medical students from each class serve on the committee – two elected in the fall of first year and two elected the spring prior to the start of clerkships.

### Process (see attached algorithm):

Reports of mistreatment or unacceptable behavior submitted via OASIS or the Listening Post will be sent automatically to the chair of the Medical Student Advocacy Committee and the Assistant Dean for Medical Education. In-person reports can be made to any member of the committee or to the committee as a whole. A student reporting mistreatment or unacceptable behavior to a committee member may request that he or she not be identified to the whole committee. Except when reporting to other groups by the committee is required, a medical student's agreement on the desired handling of the report will be sought in most instances. When reporting to other groups is required (e.g. when sexual misconduct incidents must be reported to another group such as University dean's office or EOP or the Medical Center), students will be informed of these automatic follow-up reporting requirements.

OASIS and Listening Post reports will first be reviewed by the chair of the

Medical Student Advocacy Committee and the Assistant Dean for Medical Education to determine whether the report falls within the purview of the committee. (If not, the chair will assure that the report has been sent to the appropriate resource. For example, OASIS reports dealing with curricular issues are accessible to the appropriate system leader or clerkship director, and may be sent on to the Curriculum Committee.) Reports will also be reviewed to determine whether they fall under the purview of the UVA “Policy and Procedures for Student Sexual Misconduct Complaints” or Medical Center policies. If so, the policy and procedures specified for those types of reports will be followed. The student will also be referred to additional resources for any additional support needed.

The decision to take action in response to a report is the responsibility of the chair and the Assistant Dean for Medical Education who may, in consultation with the Office of Medical Education, use discretion in deciding the timing of discussion of a report at a committee meeting and in deciding how to reply to a report. Under some circumstances, the chair, together with the Senior Associate Dean for Education or appropriate designee, may decide to take action before the report is brought to the whole committee. All actions taken by the chair and/or the full committee will be documented by the Assistant Dean for Medical Education.

Reports shall be brought to the full Advocacy Committee in a timely manner for discussion and for review of actions already taken, if any. After discussion, the committee will propose whether or not to take action or, in some cases, further action. Actions may consist of:

- a) serving as a sounding board for students uncertain of the seriousness of a complaint; and/or
- b) providing advice to the student on how to deal with such a situation should it arise again; and/or
- c) offering discussion with faculty, GME trainees, or staff who may have engaged in mistreatment or inappropriate behavior. Supervisors of such individuals may be included in the discussions (e.g. Director of clerkship, elective or selective or Department Chair) with request for follow-up; or
- d) maintaining a record, without further action, in order to identify repeat offenders.

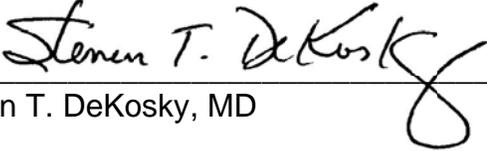
The Assistant Dean for Medical Education will maintain all reports, including but not limited to those received via OASIS and the Listening Post, as well as all documentation pertaining to actions taken and outcomes. A summary report from the committee will be sent to the Senior Associate Dean for Education yearly; additionally, the Assistant Dean for Medical Education will keep the Senior Associate Dean for Education regularly apprised of pertinent incidents.

Clerkship, elective and selective directors have access to OASIS reports after grades have been officially recorded.

**Next Scheduled Review:** July 2014

**Revision history:** Implemented July 1, 2012

Approved:

  
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Steven T. DeKosky, MD

July 1, 2012  
Date

# UVA SCHOOL OF MEDICINE STUDENT ADVOCACY COMMITTEE

