

Standards Of Conduct For The Appropriate Treatment Of Medical Students In The Educational Setting

1. Purpose:

The University of South Alabama Frederick P. Whiddon College of Medicine (Whiddon COM) has a commitment and a responsibility to foster the development of professional and collegial attitudes and behaviors among teachers, learners, staff, and patients needed to provide a safe and effective learning environment which in turn fosters compassionate healthcare delivered by all members of the Whiddon COM community. The Whiddon COM believes that all medical students, residents, faculty, and staff have the right to learn and work in an environment of safety and respect. Mistreatment of medical students will not be tolerated.

2. Applicability:

The policy applies to all Whiddon COM medical students and faculty, residents, and staff at all USA Health facilities.

3. Definitions:

Conflict Resolution Council—an [insert number]-member, diverse ad hoc committee of students, preclinical, clinical, and administrative personnel.

Consultation—a fact-finding meeting to gather information and determine outcome strategies.

Fundamental—any factor that serves as an essential component considered vital to understanding a moment or occurrence.

Mistreatment—behaviors exhibited, whether intentional or unintentional, that show disrespect for the dignity of others and unreasonably interfere with the learning process (American Association of Medical Colleges).

4. Policy Guidelines:

This policy protects medical students from mistreatment by any Whiddon COM or USA Health faculty or adjunct faculty, residents, staff, and other medical students.

4.1 Examples of Mistreatment (include but are not limited to):

- Verbal attacks or speaking insultingly to or about a person
- Public belittlement or humiliation
- Threat of physical harm or being physically attacked
- Request or requirement to perform personal services
- Intentional neglect, intentional lack of communication, or other instances that cause unwarranted exclusion from reasonable learning
- Disregard for student safety
- Denigrating comments about a student's field of choice or other healthcare professionals
- Threat of grading and other forms of assessment as a reward or punishment other than for course/clinical performance
- Assigning duties as punishment rather than education
- Being subjected to racially or ethnically offensive remarks.
- Being subjected to offensive remarks about one's sexual orientation
- Actions which result in the creation of a hostile environment
- Other behaviors that are contrary to the spirit of learning and/or violate trust between parties in the learning environment

4.2 Feedback

Medical students are reminded that training is a rigorous process; thus, seeking and receiving feedback in the learning environment may occasionally be uncomfortable for the medical student but should not result in a report of mistreatment unless the delivery of the feedback crosses the boundaries mentioned as examples in section 4.1 of this policy.

5. Procedures

5.1 Reporting mistreatment

Reporting is the initial step that triggers subsequent investigation, consultation, and follow-up. Reports of mistreatment can be filed anonymously or non-anonymously with any of the following: course director, clerkship director, ombudspersons, or associate/assistant deans in the

[Offices of Student Affairs](#)

and

[Medical Education](#)

. Additionally, the Whiddon COM website has a link to

[anonymous reporting](#)

, which results in a report to the

[Office of Student Affairs](#)

. If a student is subjected to sexual harassment or discrimination, the student can report directly to the

[University Title IX Coordinator](#)

or Whiddon COM Title IX Deputy Coordinator. Maintaining confidentiality of reports, especially those reported non-anonymously, is strived for. However, the Whiddon COM Health and Wellness counselor serves as the Whiddon COM's only strict confidential report.

5.2 Resolution after reporting

5.2.1. The Whiddon COM acknowledges that all mistreatment reports are investigated to provide resolution, response, and improvement within the educational setting and clinical learning environment.

5.2.2. Students should be aware that anonymous reports may not be able to be fully investigated due to a lack of ability to confirm the report.

5.2.3. Resolution of the complaint involves collecting information through consultation followed by informal or formal resolution.

5.2.4. Consultation procedure:

The consultation procedure consists of meetings among the complainant, parties receiving the report, and the associate/assistant deans of Student Affairs and Medical Education. These discussions aim to gather information to assess potential strategies for outcomes. At this juncture, the complainant may agree that no further action is necessary. If further action is warranted, the process moves to the informal resolution procedure.

5.2.5. Informal Resolution Procedure:

The informal resolution procedure is initiated when the complainant files a written factual account of the alleged mistreatment with either the associate/assistant deans of Student Affairs or Medical Education. The party receiving the report will, in turn, notify the person accused of the allegation (hereafter known as "the respondent") as well as the respondent's direct report (e.g., program director for the resident). The details provided in the factual account must be sufficient to allow the respondent to make an informed response. At this juncture, the associate/assistant dean(s) may inform the Dean of the Whiddon COM, who may, in turn, recommend that others in the Whiddon COM or the healthcare system be notified of the investigation of the allegation. These notifications are meant to keep all parties who could be involved in recommending corrective or disciplinary action informed. After an investigation by the associate/assistant dean(s) and a response from the respondent is reviewed with the complainant, if adequate resolution is not achieved, which might involve corrective action imposed by the respondent's direct report, the matter can be forwarded to the Conflict Resolution Council for formal resolution.

5.2.6. Formal Resolution through the Conflict Resolution Council:

When informal measures cannot resolve a complaint, the Dean and the Associate Deans of Student Affairs and Medical Education or designees, in conjunction with the ombudsperson, will select a five-member Conflict Resolution Council (CRC). These members should be diverse and selected among pre-clinical students, clinical students, pre-clinical faculty, clinical faculty, and administration. The ombudsperson is not a member of the CRC but may be present at council meetings. The CRC will then select its chair to preside over deliberation. Minutes will be recorded with transcribed correspondence.

The CRC will meet within fourteen (14) days of being selected. They will consider the investigative report of the associate/assistant dean(s) or their designee and the written submission of both the complainant and respondent. After reviewing all pertinent information, the CRC may dismiss the complaint at this point if the CRC determines the complaint to be frivolous, incredulous, or without merit.

If not dismissed, the CRC will prepare a written report of its findings, conclusions, and recommended course of action. This report is forwarded to the associate/assistant deans of Student Affairs and Medical Education, who will review it with the

complainant, the respondent, and the respondent's direct report. If warranted, the report can include recommended steps to initiate corrective action.

If either party wishes to appeal the decision of the CRC, the following process is followed:

The appeal must be submitted in writing to the Chair of the CRC within five (5) business days of the initial notification.

1. a. 1. The basis of the written appeal can only be based on one of the following criteria:
 1. Occurrence of a substantial mistake of fact in rendering the decision.
 2. Evidence of a fundamental misinterpretation of official policy.
 3. Occurrence of a significant procedural defect.

The written appeal will be considered by an ad hoc appeals committee comprised of three (3) members appointed by the Dean of the Whiddon COM from the voting members of the Whiddon COM Executive Council. No member appointed will have been involved in the investigation of the allegation, consultation process, or the informal or formal review.

The appeals committee will convene within seven (7) business days of being appointed to consider the written document prepared by the appellant. The appeals committee will also have access to the written report prepared by the CRC. The complainant and respondent (hereafter known as "the parties") will be notified of the meeting. The parties will be invited to attend the meeting and provide a statement or answer questions for clarification but cannot present new evidence. The Chair of the CRC will be invited to address any questions related to policy or process. The appeals committee may either accept or deny the appeal.

If the appeals committee denies the appeal, the CRC's recommendation is forwarded to the Dean of the Whiddon College of Medicine. The decision of the Dean is final, and there is no appeal.

If the appeals committee accepts the appeal, the decision is returned to the CRC, which will reconvene to consider whether there was a factual error, misinterpretation of policy, or procedural error in arriving at their original decision. After reconvening and arriving at a final decision, the CRC will forward its final recommendation to the Dean of the College of Medicine. The decision of the Dean is final, and there will be no further appeal.

6. Enforcement

This policy is managed through the Whiddon College of Medicine Offices of Student Affairs and Medical Education.

7. Retaliation

The University of South Alabama strictly prohibits retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding. Examples of retaliation included, but are not limited to, assigning a lower grade, describing the reporting individual as a "snitch," or making comments that the reporting individual is not to be trusted. Alleged retaliation will be subject to investigation and may result in disciplinary action.

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