School of Medicine: Professionalism & Conduct

Research Integrity Policy

Allegations of breach of the Research Integrity Policy are the primary responsibility of the Research Integrity Committee of the School of Medicine. Complaints regarding students enrolled for the MD degree will be directed promptly to that committee. The Research Integrity Committee will promptly investigate the charges and report its conclusions and recommendations to the dean, who will refer the issue to the Committee on the Academic and Professional Evaluation of Students (CAPES) as a breach of professional integrity if further action is warranted.

For further information, visit the Research Integrity Policy (http://research.wustl.edu/PoliciesGuidelines/Documents/ResearchIntegrityPolicy2010Revisions.pdf) posted on the Washington University website.

Policy Against Abusive Conduct

Please visit the Human Resources website for the Policy Against Abusive Conduct (http://hr.med.wustl.edu/Policies/Pages/AbusiveConduct.aspx).

Washington University School of Medicine Guidelines for Professional Conduct in Teacher/Learner Relationships and Policy against Medical Student Mistreatment

I. Preamble

The goal of the Washington University Medical Center is to provide patient care, medical education, and biomedical research of the highest quality. Accomplishing this goal depends in part on an atmosphere of mutual respect and collegiality among all those who work and study here. This document focuses on the special issues presented by the teacher/learner relationship, and applies to all years of the medical school curriculum.

Social Media Policy for Medical Students

Students accepted to Washington University School of Medicine (WUSM) and current Washington University School of Medicine students should be vigilant in using social networking (Facebook, Twitter, blogging, etc.). The profession of medicine requires the highest standards of conduct because of the level of trust patients place in medical professionals. When you are admitted to WUSM, enrollment remains contingent on your demonstration of this high standard of conduct, through sound judgment, accountability and integrity. Written, voice, email and other electronic communications, including those in blogs, social media sites, and smartphone apps, as well as in published writing, should be thoughtful and treat all individuals in the learning environment with mutual respect and understanding. Posting items that represent unprofessional behavior, releasing patient health information or other HIPAA violations, or violating Washington University in St. Louis policies on social networking sites will result in disciplinary action by the medical school.

The following two Washington University policies are incorporated into this policy and apply to accepted and current students:

- Washington University Social Media Policy (https://wustl.edu/about/compliance-policies/media-policies/social-media-policy)
- WUSM Social Media Guidelines (https://medicine.wustl.edu/brand/social-media)

II. The Teacher and Learner Relationship

Effective learning is possible only in an environment where students can trust their teachers to treat them fairly and with respect. For purposes of this policy, a teacher shall be defined as any person subject to School of Medicine policies, such as a member of the School of Medicine faculty to whom a student is assigned during a course or clinical rotation. A teacher may also be defined as an attending physician, fellow, resident, research mentor, student, nurse or other person charged with supervising the education of a student.

One manner in which the teacher/learner relationship is unique is that students may be vulnerable, depending on many of their teachers for evaluations and recommendations. In addition, medical education includes mastering not just pathophysiology but also the essentials of professional behavior, as set forth in our Guiding Principles of Professionalism (http://bulletin.wustl.edu/medicine/policies/md-principles).

We also recognize that students learn professional behavior primarily by observing the actions of their teachers as role models. Unprofessional, offensive, disrespectful or abusive behavior by teachers is antithetical to standards of professional conduct that medical students are expected to master. These behaviors by teachers may also be self-perpetuating, as students come to believe that such behavior is appropriate when they assume the role of teacher. As we strive to create an environment of mutual respect, all faculty, staff and students are expected to abide by the Abusive Conduct Policy (http://hr.med.wustl.edu/Policies/Pages/AbusiveConduct.aspx).

Behaving in ways that embody the ideal student-teacher relationship fosters respectful behavior, minimizes the likelihood of student mistreatment, and optimizes the educational
experience for students. The following practices are examples of ways in which teachers and learners can encourage a positive learning environment conducive to the exchange of ideas among all who participate in the learning process:

A. Teachers

• Be prepared and on time.
• Provide learners with the most current materials.
• Treat students fairly, respectfully, and without bias related to their race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability or genetic information.
• Give students timely, constructive and accurate feedback.
• Distinguish between the Socratic method, where insightful questions are a stimulus to learning and discovery, and over-aggressive questioning, where detailed questions are repeatedly presented with the endpoint of embarrassment or humiliation of the student.

B. Learners

• Treat teachers, peers, patients and members of the health care team fairly, respectfully, and without bias related to their race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability or genetic information.
• Respect patients' privacy. Under no circumstances should you discuss a patient online or post online a patient's photo, even if the patient gives you permission.
• Be conscientious with your electronic presence. Voicemail, email and other electronic communications, for example, blogs, social media sites, smart phone apps, photographs and any published writing, should be thoughtfully composed. Treat all individuals in the learning environment with respect and understanding.
• You have the right to free speech; however, in order to foster a community of professionalism, you and your peers are encouraged to approach one another professionally and to abide by the WU Code of Conduct.
• Treat fellow students as colleagues, not competitors.
• Take responsibility for maximizing your educational experience by addressing conflicts and discomforts which may impede your learning.
• Be an enthusiastic learner.
• Be trustworthy and honest.
• Be prepared and punctual.
• Know your limitations and ask for help when needed.
• Put the patient's welfare first and ahead of your educational needs.
• Know and understand your patients' medical history, diagnoses, treatment and status.
• Take the initiative to educate yourself about your patients' illness.

• Be compassionate.

III. Student Mistreatment

The School of Medicine prohibits behavior that is abusive or which mistreats students or others in the learning environment. We take issues of mistreatment seriously and aspire to a culture of zero tolerance for instances of abuse, mistreatment and disrespect. Washington University School of Medicine (WUSM) is committed to maintaining an environment free from discrimination, harassment of any type, and abuses of authority. The Association of American Medical Colleges (AAMC) has defined Mistreatment in previous Graduation Questionnaires as follows: Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation. The behaviors listed below are provided as examples of mistreatment and offensive behavior by the AAMC. However, we recognize that there are nuances to interpersonal interactions. Students who feel they may have been subjected to mistreatment are encouraged to follow the procedures outlined in Section IV of this policy. The goal of this process is to provide the best learning environment possible.

Examples of Potential Mistreatment

• Public humiliation
• Threats of physical harm
• Physical harm (e.g., being hit, slapped, kicked)
• Requirements to perform personal services (e.g., shopping, babysitting)
• Offensive sexist remarks/names
• Denial of opportunities for training or rewards based solely on gender, race, sexual orientation or ethnicity
• Lower evaluations or grades because of gender, race, sexual orientation or ethnicity rather than performance
• Unwanted sexual advances
• Being asked to exchange sexual favors for grades or other rewards
• Racially or ethnically offensive remarks/names
• Offensive remarks/names related to sexual orientation

IV. Steps for Reporting Student Mistreatment

The university takes allegations of student mistreatment by faculty, residents, staff or other students very seriously and strongly encourages its faculty, staff and students who are witness to such conduct to report it immediately, without fear of retaliation, to any of the following three deans: the senior associate dean for education, the associate dean for student affairs, or the associate dean for medical student education. These individuals will offer guidance and support — described
below — to the student and discuss informal and formal options to resolve the matter. (Refer to Section VII. Additional Resources.)

Students may also consult with the student ombudsperson as a confidential resource. The student ombudsperson can provide guidance as well as mediation, directly or indirectly, between the student and the offender.

Students may also choose to report student mistreatment via a link on the Canvas learning management system student commons homepage or via the Oasis curriculum management system. The end-of-clerkship and elective surveys have questions regarding mistreatment where incidents can be reported in real time. These reports are confidential. The Office of Medical Student Affairs will receive all reports and will follow up with the reporting individual, if identified, to offer guidance, support and options for resolution to the student. If sufficient information is provided, the report will be passed on to the clerkship director and department chair after student evaluations are finalized for the course or clerkship in which the event occurred. Reports will be reviewed quarterly by a Learning Climate Committee. This committee will be chaired by the associate dean of student affairs and will consist of a medical student, advisory dean or deans, the director of GME (or designee), a hospital staff member, and the student ombudsperson. Aggregate reports will generally be forwarded to department chairs quarterly for monitoring purposes.

Confidentiality and Anonymous Reporting

The university will strive to protect, to the greatest extent possible, the confidentiality of persons reporting mistreatment and of those accused of mistreatment. Because the university may have certain legal obligations, e.g., in response to allegations of sexual harassment, the university cannot guarantee complete confidentiality where it would conflict with the university's obligation to investigate meaningfully or, where warranted, take corrective action. Even when some disclosure of the university's information or sources is necessary, it will be limited to the extent possible. The university will keep confidential all records of complaints, responses and investigations, to the extent permitted by law.

If the student is not comfortable reporting to one of the individuals identified above, the student may choose an intermediary who can then directly communicate the incident with these individuals while maintaining anonymity. Students may also submit anonymous reports via the Oasis curriculum management system in real time or when filling out course evaluations. Anonymous reports will be shared with the clerkship director and department chair.

If a student insists on confidentiality or anonymity, the university may be limited in its ability to respond and take action with respect to the report.

Bias Report and Support System (BRSS)

In addition, Washington University developed a system through which students, faculty, staff and community members who have experienced or witnessed what they perceive as incidents of bias, prejudice or discrimination involving a student can report their experiences to the university's Bias Report and Support System (BRSS) (https://diversityinclusion.wustl.edu/brss) team. If, for any reason, students want to provide identifying information when filing a report, they have the option to fill out the BRSS form (http://diversity.wustl.edu/students/mosaic/bias-report-support-system/bias-report-support-form) anonymously online by selecting the “For Information Only” option. Please note that a brief description of the incident will be included in the quarterly summary report. If an individual submitting a report selects the “For Support and Referral” option, a member of the BRSS team will meet with the individual and refer that person to the appropriate university policy and administrator. Note that these non-anonymous BRSS reports on the WUSM campus are sent to the assistant provost, who assists WUSM students in navigating their programs and connects them with the relevant policies and contacts within those programs.

V. Informal and Formal Options for Possible Resolution

Informal Options

If you feel comfortable dealing with the situation without assistance, you can communicate either orally or in writing with the person whose behavior is offensive. The most useful communication will have three parts:

1. A factual description of the incident(s) including date, time, place and specific action.
2. A description of the writer’s feelings, including any consequences of the incident.
3. A request that the conduct cease.

Frequently, such a communication will cause the offensive behavior to stop, particularly when the person may not be aware that the conduct is offensive.

If you would like to proceed informally, but with the assistance of someone else, you may:

1. Ask the person’s supervisor, e.g., department chair, dean, director, housing office representative, academic adviser, or a trained WUSM faculty member to speak to the person whose behavior was offensive. The purpose of such conversations is the cessation of offensive behavior. You should note that these individuals may be obligated to report the incident or conduct you disclose to the university for further investigation and action.
2. Consult with one of the advisers listed in Additional Resources who are specifically charged with responding to mistreatment inquiries and complaints. These individuals are thoroughly familiar with WUSM’s mistreatment policy...
and are available to consult with victims, those accused of engaging in mistreatment, witnesses and supervisors of parties to a complaint. They can provide information about informal actions that might remedy the situation and discuss university policies and procedures for resolving complaints.

3. Ask the adviser to mediate or arrange for mediation.

Mediation is discussion and negotiation, with the help of a third party, and is designed to permit the parties to reach a mutually agreeable resolution of a dispute. If a person complaining of mistreatment seeks mediation, the person accused of mistreatment agrees, and the adviser concludes that the mediation would be consistent with the university's legal obligations in responding to and preventing discrimination or discriminatory harassment, then the adviser may mediate or arrange for mediation.

**Formal Options**

Should informal resolution be unsuccessful or inappropriate under the particular circumstances alleged, the student will be referred to the applicable university policies and procedures for filing a formal complaint. The university will initiate an investigation into the allegations under the appropriate policy and take disciplinary action as contemplated by the applicable procedures. For example, if a student asserts that a faculty member has engaged in mistreatment in the form of sexual harassment, the university's Sexual Harassment Policy would be followed.

**VI. Education**

The School of Medicine will provide ongoing education to promote a respectful and positive learning environment. The purpose of this education will be to provide definitions and standards for an optimal learning environment, to inform students and educators of policies and processes for reporting offensive behavior and learner mistreatment. This educational information will be provided by the Learning Climate Committee. The policy will be posted in the Bulletin, clerkship and course director handbooks and will be reviewed with students at orientations. In addition, educational sessions may be provided at departmental and division meetings, resident sessions, staff meetings and curriculum committee meetings.

**VII. Additional Resources**

For a list of Medical Student Advisers, please visit the Office of Medical Student Affairs (http://bulletin.wustl.edu/medicine/departments/medical-student-affairs) page in this Bulletin.

**Related Policies**

Washington University Sexual Assault Policy (https://wustl.edu/about/compliance-policies/governance/usaib-procedures-complaints-sexual-assault-filed-students)

Washington University Sexual Harassment Policy (http://hr.wustl.edu/policies/Pages/DiscriminationAndHarassment.aspx)

Washington University School of Medicine Abusive Conduct Policy (http://hr.med.wustl.edu/Policies/Pages/AbusiveConduct.aspx)

Washington University Diversity Bias Report Form (http://diversity.wustl.edu/students/mosaic/bias-report-support-system/bias-report-form)

Assessing Academic Achievement & Professionalism (MD Program) (http://bulletin.wustl.edu/medicine/policies/md-assessment)