



**Policy Title:** Student/Trainee Mistreatment

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**Accountable Dean(s) or Office(s):**

Office of the Dean  
Associate Dean for Admissions and Student Affairs  
Associate Dean for Education and Academic Affairs  
Associate Dean for Graduate Medical Education/Designated Institutional Official

**Reviewed By:**

Professionalism Program Advisory Board

**Approval Body:**

Executive Faculty

**RELEVANT ACCREDITATION STANDARDS:**

LCME: 3.6 Student Mistreatment  
ACGME: VI The Learning and Work Environment

**POLICY STATEMENT AND PURPOSE:**

The LCME states: A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be recorded and investigated without fear of retaliation.

The ACGME states: The Sponsoring Institution must ensure that its ACGME-accredited programs provide a professional, equitable, respectful, and civil environment that is free from unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members. Residents/fellows and faculty members must have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. Moreover, the Sponsoring Institution must have a process for education of residents/fellows and faculty members regarding unprofessional behavior, and a confidential process for reporting, investigating, monitoring, and addressing such concerns in a timely manner.

**POLICY STANDARDS:**

Tulane University School of Medicine (SOM) is committed to creating and maintaining a positive and supportive learning environment that is professional, respectful, inclusive, and intellectually stimulating. The SOM's Guiding Principles outline our core institutional values

and include respect, ethical integrity, communication, accountability, and drive for excellence. When observed or experienced behaviors do not align with these core values, the SOM has a clear process for reporting incidents, a transparent process for reviewing and resolving them, and a system to ensure accountability of all members of our community. It should be noted that Tulane SOM has a zero-tolerance policy regarding retaliation against those submitting concerns, and if reported, will be the focus of investigation and sanctions.

## **DEFINITIONS:**

For purposes of this policy, the following definition applies:

- **Mistreatment:** As defined by the AAMC, mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process (Medical School Graduation Questionnaire, 2011).

## **EXAMPLES OF MISTREATMENT AND/OR UNPROFESSIONAL BEHAVIOR:**

When submitting a concern form, reporters are asked to select the type of behavior witnessed or experienced using categories derived from the LCMC B-SAFE system. These categories were modified to include other relevant examples as well as definitions – see below.

- *Discrimination* – the practice of unfairly treating a person or group based on the class or category to which that person belongs rather than individual merit.
- *Disruptive/inappropriate behavior* – Behavior that interferes with the normal flow and functioning of the learning and/or work environment.
- *Bullying* – persistent pattern of mistreatment from someone in the workplace that causes either physical or emotional harm.
- *Harassment* – any act of verbal or non-verbal physical aggression, intimidation, or hostility. Examples: conduct or material (physical, oral, written, graphic, social media) involving slurs, negative stereotyping, threatening, intimidating, or hostile acts toward an individual or group because of age, color, disability, etc.
- *Implicit bias*- attitudes or stereotypes that unconsciously affect our actions, decisions, and understanding.
- *Inconsiderate/rude* – lack of regard for the rights or feelings of others.
- *Intimidation* – any behavior, educational process, or tradition that induces fear in the learner.
- *Microaggression* – subtle verbal or nonverbal insults or denigrating messages communicated toward a marginalized person, sometimes by someone who may be well-intentioned but unaware of the impact of their words/actions. Examples: Where are you *really* from?
- *Macroaggression* – making statements or actions towards whole classes of groups or populations.
- *Verbal abuse* – engaging in shouting, belittling, or ridiculing remarks.
- *Physical abuse* – throwing objects at, pushing, or exposing to hazardous situations.

- *Ineffective communication* – failure to demonstrate active listening, benign neglect or ignoring, or lack of respect/empathy.
- *Retaliation* – actions or words intentionally taken against an individual due to the individual’s reporting of unwelcome or unprofessional behaviors, discrimination, or harassment. Examples: disciplining, changing working or educational conditions when not related to legitimate reasons; providing inaccurate information to or about a person; preventing professional development or advancement, or refusing to discuss the work central to one’s assigned duties.
- *Sexual harassment* – any unwelcome sexual advance, request for sexual favors, or other unwanted conduct of a sexual or suggestive nature, whether verbal, nonverbal, graphic, physical, electronic, or otherwise.
- *Sexual assault* – having or attempting to have sexual contact with another individual without consent.
- *Failure to uphold ethical/professional principles related to the practice of medicine* – behavior that violates the ideals of medical professional conduct. For example: failure to meet clinical responsibilities, such as arriving late or failing to show up to clinic or a required activity; misrepresenting work; failure to correct deficiencies in academic performance in a responsible and timely fashion, etc.
- *Other*

## **REPORTING AND INVESTIGATING ALLEGED INCIDENTS:**

Perceived mistreatment of a learner or any member of the learning environment, either experienced or witnessed, should be reported via the mechanisms outlined on the [Professionalism/Environment of Learning website](#).

In brief, online reporting mechanisms include:

- 1) [Tulane University Campus Reporting Form](#), particularly for issues involving Title IX/Sexual Misconduct and Bias/Discrimination.
- 2) Professionalism Program [Concern Form](#).

For medical students, the following should also be noted:

- 3) Students can report mistreatment verbally or in writing to the course or clerkship director, the Associate Dean for Admissions & Student Affairs, the Associate Dean for Education and Academic Affairs, or another individual whom they trust. If reported via this mechanism, the reporter and/or person receiving the complaint is encouraged to submit the concern via the Concern Form for tracking and follow-up purposes.
- 4) All module and clerkship evaluations include a link to the Professionalism Program Concern Form.
- 5) Links to the Concern Form are also accessible via the student learning management system.

For residents/fellows, the following should be noted:

- 6) Residents and Fellows can report mistreatment verbally or in writing to their program director, associate program director, Associate Dean for Graduate Medical Education/Designated Institutional Official, Department Chair, or another individual whom they trust. If reported via this mechanism, the reporter and/or person receiving the complaint is encouraged to submit the concern via the Concern Form for tracking and follow-up purposes

### **PROCEDURES FOR RESPONDING TO ALLEGATIONS OF MISTREATMENT:**

All reports submitted via the Professionalism Program concern form are first received and documented by the Professionalism Program administrators. Concerns are then reviewed by the TRIO and triaged using established protocols for intervention. If the concern involves behavior that suggests a violation of Title IX or imminent danger, the report is immediately referred to the Office of Institutional Equity (OIE) and/or TUPD for a complete review.

Processes for review and follow-up vary depending on the nature of the concern and are summarized under the tab '*Review of Reports of Concerning Behavior*' on the [Professionalism/Environment of Learning website](#).

In terms of concern resolution, all individuals responsible for addressing concerns (identified in algorithms on the website) will formally notify Professionalism Program administrators when the intervention is complete. If the reporter identifies themselves on the submission form, they are notified directly via email when the concern has been addressed. For those who report concerns anonymously, they are provided with a Case ID number upon submission and can track the status of their concern on the Professionalism Program website via the [Status Update on Submitted Form](#). Regardless of whether the reporter self-identifies or is anonymous, specifics about how the concern is addressed are not provided. Reporters are, however, kept informed regarding when the concern has been evaluated, appropriately triaged, and a resolution report received.

### **ACCOUNTABILITY:**

In order to build and maintain trust in the Professionalism Program and reporting system, all relevant data and metrics associated with concern reports are reviewed in aggregate by the Advisory Board, Graduate Medical Education Council Professionalism Subcommittee, and General Medical Faculty on a quarterly basis. Moreover, statistics are posted on the Professionalism Program website under the tab titled [Program Statistics](#). These reports are updated quarterly and include an aggregate summary of concern types, counts by employee classification, as well as the outcome status. Cumulative statistics, which include a 36-month rolling average of concerns, are also updated quarterly and accessible via the website. Finally, Department Chairs receive a quarterly report detailing the count of concerns received about their department, the classification of the person being reported, and how the concern was addressed.

### **LAST REVIEW DATE/APPROVAL:**

Professionalism Advisory Board: 09/12/23

Executive Faculty: 10/17/23

### **REVIEW CYCLE:**

Annually