

Policy's Principles

Student Mistreatment Policy & Procedures

The Michigan State University College of Human Medicine (the "College") is committed to maintaining a positive environment for study and training, in which individuals are judged solely on relevant factors such as ability and performance, and can pursue their educational and professional activities in an atmosphere that is humane, respectful and safe. The College's mission statement provides that the College will "educate future physicians who will:

- Serve the health care needs of people in the state of Michigan, including those in rural and inner-city areas
- Be caring, compassionate, and humane in their care of patients
- Respect human differences
- Commit to ethical practices and lifelong learning"

Medical student mistreatment is destructive of these fundamental principles and will not be tolerated in the College of Human Medicine community.

Policy's Objectives

This policy and related procedures are intended to inform members of the College community what constitutes medical student mistreatment and what members can do should they encounter or observe it. In addition, the policy and related procedures are intended to:

- prohibit medical student mistreatment by any members of the College community including faculty members, clerkship directors, attending physicians, fellows, residents, nurses and other staff, and classmates in the College community;
- encourage identification of medical student mistreatment before it becomes severe or pervasive;
- identify accessible persons to whom medical student mistreatment may be reported;
- require persons (whether faculty, staff or student) in supervisory or evaluative roles to report

medical student mistreatment complaints to appropriate officials;

- provide a confidential system for reports of mistreatment;
- prohibit retaliation against persons who bring medical student mistreatment complaints;
- assure confidentiality to the full extent consistent with the need to resolve the matters appropriately;
- assure that allegations will be promptly, thoroughly, and impartially addressed;

- provide for appropriate corrective action.

The ultimate goal is to prevent medical student mistreatment through education and the continuing development of a sense of community. But if medical student mistreatment occurs, the College will respond firmly and fairly. As befits an academic community, the College's approach is to consider problems within an informal framework when appropriate, but to make formal procedures available for use when necessary.

What Constitutes Medical Student Mistreatment

The College has defined mistreatment as behavior that shows disrespect for medical students and unreasonably interferes with their respective learning process. Such behavior may be verbal (swearing, humiliation), emotional (neglect, a hostile environment), and physical (threats, physical harm). When assessing behavior that might represent mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Medical student training is a rigorous process where the welfare of the patient is the primary focus that, in turn, may appropriately impact behavior in the training setting.

Examples of mistreatment include but are not limited to:

- harmful, injurious, or offensive conduct
- verbal attacks
- insults or unjustifiably harsh language in speaking to or about a person
- public belittling or humiliation
- physical attacks (e.g., hitting, slapping, or kicking a person)
- requiring performance of personal services (e.g., shopping, babysitting)
- intentional neglect or lack of communication (e.g., neglect, in a clerkship, of students with interests in a different field of medicine)
- disregard for student safety
- denigrating comments about a student's field of choice
- assigning tasks for punishment rather than to meet educational objectives or for objective evaluation of performance
- exclusion of a student from any usual and reasonable expected educational opportunity for any reason other than as a reasonable response to that student's performance or merit
- other behaviors which are contrary to the spirit of learning and/or violate the trust between the teacher and learner.

Violation of this policy may lead to disciplinary action, up to and including expulsion or termination.

It is expected that when there is a need to weigh the right of an individual's freedom of expression against another's rights, the balance will be struck after a careful review of all relevant information and will be consistent with the College's commitment to free inquiry and free expression.

The Senior Associate Dean for Academic Affairs (SADAA) has the authority to determine (on a case by case basis) whether or not an alleged form of mistreatment would be more appropriately covered under this or other policies. When a medical student is alleged to have engaged in medical student mistreatment, the SADAA will determine whether such cases shall be handled under this policy, the Medical Students Rights and Responsibilities or the College's policy on professional behavior. Other mistreatment behaviors such as sexual harassment, discrimination based on race, religion, ethnicity, sex, age, disability, and sexual orientation are covered under this and other College and University policies and should be reported on the mistreatment mechanism and/or the ombudsperson. All mandatory reporters in the college will follow the policies and statutes of the college and state for applicable reports and events.

Prevention and Dissemination of Information

The College is committed to preventing and remedying mistreatment of medical students. To that end, this policy and related procedures will be disseminated among the College's community. In addition, the College will periodically sponsor programs to inform medical students, residents, fellows, faculty, administrators, nursing and other staff about medical student mistreatment and its resulting problems; advise members of the College community of their rights and responsibilities under this policy and related procedures; and train personnel in the administration of the policy and procedures.

Methods of communicating to specific groups include but are not limited to the following:

To Medical Students:

- inclusion of a section on medical student mistreatment in the Student Guidebooks and LCE Guides,
- inclusion as an agenda topic for orientations,
- inclusion of a reference to the topic in the guidelines/description of each course and clinical rotation,
- education of the medical student body through class meetings,

To Members of the College community:

- annual transmittal, by the Dean, of a copy of the policy and procedures to department chairs, course directors, clerkship and program directors on site and at affiliated institutions, with instructions to distribute and explain the policy and procedures to faculty and staff participating in the teaching and training of medical students,
- inclusion as an agenda topic for chief resident/resident/fellow orientations.

What To Do

When mistreatment is believed to have occurred, the initial step is to report the concern or incident. Thereafter, three procedural avenues of redress are available to medical students:

- consultation,
- informal resolution, and
- formal grievance.

Often, concerns can be resolved through consultation or informally resolved. If the matter is not satisfactorily resolved through the consultation or informal resolution procedure, then the student who made the allegation of mistreatment may initiate a grievance. Another person or the person against whom the allegation was made may initiate a formal action or proceedings.

Reporting

All members of the College community are encouraged to report incidents of mistreatment. Reports may be anonymous and confidential. While confidential, non-anonymous reports with sufficient detail are most useful in support of follow up, all reports (using de-identified, aggregated information) may be used to assess and improve the educational setting.

Consultation

A medical student who believes she/he has been mistreated may discuss the matter with the person who has engaged in the behavior or with his/her department chair, the clerkship director, the residency director, the Community Assistant/Associate Dean, Assistant Dean for Clinical Experiences or Senior Associate Dean for Diversity and Inclusion, or the relevant staff supervisor. If it is not desired, not possible, or not satisfactory, the student may initiate a confidential consultation with the College of Human Medicine Student Resolution Advocate (SRA). The SRA shall also be available for consultation when appropriate by any of the foregoing persons. The SRA will provide a copy of the medical student mistreatment policy and procedures, respond to questions about them, assist in developing strategies to deal with the matter and work in accordance with the procedure set forth in Appendix A.

Informal Resolution Procedure

An informal resolution procedure, which is initiated in the same manner as a consultation, entails a non-anonymous report of alleged mistreatment to the SRA and subsequent investigation of the charges by the SADAA in accordance with Appendix B.

Formal Grievance Procedure

The formal grievance procedure is available when the informal resolution procedure fails to resolve satisfactorily the allegation of mistreatment. The student who made the allegation of mistreatment (the "Grievant"), the person against whom the allegation was made (the "Respondent") or a responsible College official may initiate a formal grievance.

A formal grievance is initiated by submitting to the SADAA a signed, written request to proceed with a formal grievance (see Medical Students Rights and Responsibilities for complete process). The request is due within 15 business days after the student receives from the responsible College official a statement of the disposition of the informal resolution procedure. The SADAA will inform the requesting party of the process that will be followed and provide a copy of the applicable procedure.

Outcomes

If the informal resolution procedure or formal grievance procedure results in a determination that mistreatment occurred, the findings and recommendations shall be referred to the appropriate College, University, Hospital or faculty official for imposition of corrective action, including sanctions that the official is authorized to impose. A range of relevant considerations may be taken into account in determining the extent of sanctions, such as the severity of the offense, the effect of the offense on the victim and on the University community, and the offender's record of service and past offenses. Sanctions may include, but are not limited to, oral or written warning, termination of privileges to train/interact with/evaluate medical students, probation, suspension, expulsion, or termination of employment; provided that a respondent may not be dismissed except in accordance with the procedural safeguards for faculty, residents, staff, and students set forth in the relevant documents. The appropriate University, Hospital or faculty official may impose interim corrective action at any time, if doing so reasonably appears required to protect a medical student.

Redress of Disciplinary Action

Nothing in this policy or these procedures shall be deemed to revoke any right that any member of the University community may have to seek redress of a disciplinary action, such as a faculty member's right to maintain a complaint or a grievance under the Faculty Handbook.

Confidentiality

The SRA holds all communications with those seeking assistance in confidence, and does not disclose confidential communications unless given permission to do so. The SRA will not keep any permanent records about the student or the information shared. Students can submit anonymous concerns and even the fact of the student visit or conversation with the SRA is confidential. Substance of matters discussed in the office will remain confidential but the SRA will report general, de-identified trends of issues to provide feedback to the Dean and designees and to advocate systems change when appropriate. The only exceptions to this privilege of confidentiality are 1) where there appears to be imminent risk of serious harm, 2) compliance with MSU Title IX mandated reporting, and 3) court order.

The SADAA and other investigators and decision-makers will strive to maintain confidentiality to the full extent appropriate, consistent with the need to resolve the matter effectively and fairly. The parties, persons interviewed in the investigation, persons notified of the investigation, and persons involved in the proceedings will be advised of the need for discretion and confidentiality. Inappropriate breaches of confidentiality may result in disciplinary action.

Retaliation

Retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding is prohibited. Alleged retaliation will be subject to investigation and may result in disciplinary action up to and including termination or expulsion.

False Claims

A person who knowingly makes false allegations of mistreatment, or who knowingly provides false information in a mistreatment investigation or proceeding, will be subject to disciplinary

action (and, in the case of students, consistent with the expected professionalism requirements).

Time Limits

The College aims to administer this policy and these procedures in an equitable and timely manner. Persons making allegations of mistreatment are encouraged to come forward without undue delay.

CHM Student Mistreatment Policy and Procedures Page 4

Interpretation of Policy

The Office of MSU Ombudsperson is available to provide advice on questions regarding interpretation of this policy and these procedures.

Appendix A: Consultation Procedure

1. The consultation consists of one or more confidential meetings between the SRA or his or her designee OR the MSU Ombudsperson and the person who requests the consultation.
2. The SRA will provide a copy of the medical student mistreatment policy and procedures to the person requesting consultation and respond to questions about them. The SRA may discuss the situation with the person, assist in developing strategies to deal with the matter, reach conclusion with the involved person or persons that no further action is necessary, or initiate the informal resolution procedure under Appendix B.
3. When the SRA has reason to believe that risk of imminent harm exists and that action is necessary to protect the health or safety of any individual or if Title IX reporting is mandated, the SRA will notify appropriate individuals, institutions or authorities. Under these circumstances, it may not be possible to maintain complete confidentiality with regard to the matter.
4. The SRA will inform and educate students regarding Title IX reporting requirements and refer students to the Michigan State University Ombudsperson and other resources when indicated.

Appendix B: Informal Resolution Procedure

1. A student who requests consultation may pursue an informal resolution.
2. The SRA will ask the student to provide a factual account of the alleged mistreatment and to sign or otherwise certify accuracy and authorship of a statement to such effect. The SRA may assist the student in preparing a statement.
3. The SRA, with the student's permission, will forward the statement of alleged mistreatment to the SADAA.

4. The SADAA or designee will inform the person accused of mistreatment ("the Respondent") of the allegation in sufficient detail to enable the Respondent to make an informed response.

5. The SADAA or designee will (i) investigate the alleged mistreatment as promptly as circumstances permit, (ii) afford the Respondent a reasonable opportunity to respond to the allegation, (iii) advise the parties and persons interviewed or notified about the alleged mistreatment of the need for discretion and confidentiality.

6. Upon initiating an investigation, the SADAA or designee may inform the dean, University, or Hospital officials who would be charged with recommending corrective and disciplinary action ("Responsible Officials") of the fact that an informal resolution procedure is under way.

7. If the SADAA or designee is unable to resolve the matter informally, he or she shall determine, based on the report obtained from the SRA, whether or not to suggest or impose corrective or disciplinary action. Any action imposed by the Responsible Official shall be in his or her discretion, consistent with his or her authority.

8. The SADAA will notify the parties of the disposition of the informal resolution procedure to the extent consistent with College and University policies, appropriate considerations of privacy and confidentiality, fairness, and applicable law.

9. If dissatisfied with the disposition of the informal resolution procedure, the student who alleged the mistreatment, the Respondent, or the SADAA or designee may initiate the formal grievance or complaint procedure.

Formal Complaint Procedure – See Medical Students Rights and Responsibilities and Faculty Rights and Responsibilities

(adapted from George Washington University Medical School)

History of Approval

Original approved by the CHM Curriculum Committee January 28, 2014
CHM Student Mistreatment Policy and Procedures Page 5

Revisions approved by the CHM Curriculum Committee June 27, 2014 Revisions approved by the CHM Curriculum Committee March 26, 2019

I have received and reviewed the above Student Mistreatment Policy and agree to abide by its terms.

Acknowledged:

Signature

Date

