POLICY STATEMENT

“The teacher-learner relationship should be based on mutual trust, respect and responsibility. This relationship should be carried out in a professional manner in a learning environment that places strong focus on education, high quality patient care and ethical conduct” (the AMA section on Medical Schools in cooperation with the AMA Student and Resident Sections and reflects the policy of the SMHS).

REASON for POLICY

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance and leadership in learning. The teacher expects the learner to make an appropriate investment of energy, time and intellect to acquire the knowledge and skills necessary to become an effective professional practitioner. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities.

Health care education programs at the school of medicine and health sciences includes developing an understanding and appreciation of professional behavior. Students learn professional behavior in many situations including through observation of their teacher role models.

SCOPE of POLICY

This policy applies to:
√ Deans, Directors, and Department Heads
√ Faculty
√ Managers and supervisors
√ Staff
√ Students
Others: ____

WEB SITE REFERENCES

This policy: http://www.med.und.edu/policies/_files/docs/teacher-learner.pdf
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</tr>
</thead>
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<tr>
<td>SMHS Policy Page</td>
<td><a href="http://www.med.und.edu/policies/index.cfm">http://www.med.und.edu/policies/index.cfm</a></td>
</tr>
</tbody>
</table>

CONTACTS

Specific questions should be directed to the following:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone/FAX</th>
<th>Office/Dept Email/Web</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy clarification</td>
<td>Dean’s Office</td>
<td>777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>Policy format</td>
<td>Dean’s Office</td>
<td>777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
</tbody>
</table>

DEFINITIONS

<table>
<thead>
<tr>
<th>SMHS</th>
<th>University of North Dakota School of Medicine and Health Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>All students enrolled in programs affiliated with SMHS whether on or off campus. In some situations Residents and GTA may be considered students.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Residents</td>
<td>Those individuals in a post-graduate medical education residency. In some situations they may be teachers and/or learners.</td>
</tr>
<tr>
<td>FAC</td>
<td>Faculty Academic Council</td>
</tr>
<tr>
<td>Faculty</td>
<td>Anyone with a SMHS academic or clinical appointment from SMHS.</td>
</tr>
<tr>
<td>GTA</td>
<td>Graduate Teaching Assistant. Graduate students who have teaching-related responsibilities.</td>
</tr>
<tr>
<td>SMHS Staff</td>
<td>All SMHS staff and hospital and clinic staff.</td>
</tr>
<tr>
<td>Hospital Staff</td>
<td>Those at the clinical site who are identified as teachers within the institutional affiliation agreement</td>
</tr>
<tr>
<td>Professional Behavior</td>
<td>The actual definition of professional behavior is that which conforms to the technical and ethical standards of one's profession.</td>
</tr>
</tbody>
</table>

**PRINCIPLES**

Medical education includes developing an understanding and appreciation of professional behavior. Students learn professional behavior primarily by observing the actions of their teacher role models.

Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as sexual harassment, discrimination based on personal characteristics will never be tolerated and are prohibited by federal statute. Other behaviors including personal violence, making habitual demeaning or derogatory remarks, belittling comments or destructive criticism fall into this category and interfere with professional development. On the behavioral level, abuse may be operationally defined as behavior by SMHS faculty, residents or faculty nurse which is consensually disapproved by society and by the academic community as either exploitive or punishing. Examples of inappropriate behavior include, but are not limited to, the following:

- Harmful, injurious or offensive conduct
- Verbal attacks
- Insults or unjustifiably harsh language in speaking to or about a person
- Public belittling or humiliation
- Threats of physical harm
- Physical attacks (e.g., hitting, slapping or kicking a person)
- Requiring performance of personal services outside of the educational environment (e.g. pick up dry cleaning, babysitting)
- Threatening with a lower grade or poor evaluation for reasons other than course/clerkship performance
- A pattern of intentional neglect or lack of communication
- Disregard for others safety

It is essential that both teachers and learners are aware of what is considered abuse and what is considered to be part of the learning process. For example, it is not mistreatment for a faculty member...
to point out during rounds, conferences, and the like, that a student is not adequately prepared for his/her assignments or did not learn the required materials, unless done in an humiliating, or insulting manner.

While criticism may be part of the learning process and growth of the student, in order to be effective and constructive, it should be handled in a way to promote learning. Negative feedback is generally more useful when delivered in a private setting that fosters discussion and behavior modification. Feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling.

Education about student mistreatment is the cornerstone in the prevention. A thorough and ongoing effort will be made to inform all involved individuals about appropriate teacher-learner relationships and how to deal with alleged mistreatment.

**PROCEDURES**

1. Education on policy
   
   A. Students, Residents, SMHS Staff, and Hospital and Clinic Staff, GTA, and Faculty are apprised of the Teacher-Learner Relationship Policy.

   B. Student’s appraisal of policy. The Teacher-Learner Relationship Policy are included on the SMHS Policies and Procedures web page. A discussion of mistreatment in general, as well as of the policy in particular, will take place each year during orientation and annually. Each course and clerkship director will be encouraged to include this policy in course and clerkship-related materials.

   C. Resident’s appraisal of policy. An informative written message will be sent each year from the Dean’s Office to all Clinical Chairs. The Dean will direct the Clinical Chairs to assure that all residents in their departments are aware of the SMHS philosophy on the appropriate treatment of medical students and of this policy. A discussion of mistreatment in general, as well as of the policy in particular, will take place each year during orientation. It should be noted that depending upon the specific situation residents may be considered teachers and/or learners.

   D. SMHS Staff appraisal of policy. The Department Chairs will convey the information to all SMHS Staff so that they are aware of the SMHS philosophy on the appropriate treatment of medical students and of this policy.

   E. Hospital and Clinic Staff appraisal of policy. They are apprised of the policy by the employing institution as stated in the Institutional Affiliation Agreements.

   F. Faculty appraisal of policy. An informative written message will be sent each year from the Dean’s Office to all Department Chairs. The Dean will direct the Chairs to convey the information to all faculty so that they are aware of the SMHS philosophy on the appropriate treatment of students and of this policy.

2. Exclusions from this policy
A. This policy is not intended to include complaints of sexual harassment or complaints of discrimination on the basis of disability, race, color, sex, creed, sexual orientation, political beliefs, veteran’s status, age, marital or parental status, or national origin, as these are addressed in specific policies.

   A. Any student who feels that he or she may have been subjected to abuse, discrimination or mistreatment of any kind by residents, faculty, graduate teaching assistants (GTA) or staff has multiple options. Whenever an incident of abuse is reported, the SMHS shall attempt to resolve the issue in a rapid and efficient manner, thereby maintaining a healthy teaching and learning environment. The SMHS will ensure that this process shall be free of retaliation. The involved student has both informal and formal options available. Whenever possible the student is encouraged, but not required, to seek remedy at the most informal level which will adequately and appropriately address the student’s concerns.

   B. Informal resolution at the lowest level. When it is felt that an incident of mistreatment has occurred, a student may meet with the individual involved in the complaint and come to an informal and mutually agreed upon resolution of the problem. The student may bring a representative of the program to aid in dispute resolution. Representatives could include chief residents, program directors, administrators, advisors, faculty or other officials. There will not be a written record made concerning a matter that is resolved directly between the complainant and the alleged offender; however, the representative will monitor reoccurrences and will report to the Associate Dean for Student Affairs if behaviors recur.

   C. Formal resolution. With this action, anonymity of the student can no longer be maintained. Nevertheless, confidentiality is critical, and no information may be given to those not directly involved in the process. Acknowledging that the informal approach may fall short at times because of reluctance of the student to directly interact with the accused, intransigence of the accused, or differing perceptions of the incident by the parties involved, one of the following formal actions may be taken:

      i. Meeting with the Associate Dean or Campus Dean. Students may meet with the Associate Dean for Student Affairs, the Senior Associate Dean for Education or the campus dean to discuss a complaint and to develop a plan for resolution of the problem. The contacted Dean may assist in any intervention deemed necessary for resolution of the problem, including discussion with the appropriate chair. With this action, anonymity of the student can no longer be maintained. Nevertheless, confidentiality is critical, and no information may be given to those not directly involved in the process.

      ii. Formal grievance procedure
         a. Teacher-Learner Incident Report Form. If the accused is within the SMHS faculty, resident, staff or GTA, the student will be advised of his/her right to file a formal grievance to the Senior Associate Dean for Education by completing the Teacher-Learner Incident Report Form. If the accused is outside the SMHS, the Senior Associate Dean for Education will communicate the problem to the supervisor of the
accused and they will work together to determine the appropriate formal grievance procedure.

b. Filing the Teacher-Learner Incident Report Form. The form is filed with the Senior Associate Dean for Education
   i) Time Limit. Complaints need to be filed with the Senior Associate Dean for Education within two months of the alleged action. However, a student may ask for the forwarding of the complaint to be deferred until after the student is evaluated by the involved faculty member/resident.

c. The filed form will be provided to:
   i) An Ad Hoc Committee to review the complaint.
   ii) The respective department Chair of the alleged individual.

d. Ad Hoc Committee Composition The Committee is appointed by the Senior Associate Dean for Education.
   i) The committee shall be chosen from a pool of individuals and will consist of two faculty employees of SMHS and a senior student from the same program.
   ii) The Senior Associate Dean for Education shall appoint the chairperson of the committee who will ensure policy and procedure compliance.

e. Ad Hoc Committee Investigation and Report
   i) Investigation. Within ten (10) business days of the receipt of the grievance, the Ad Hoc Committee shall conduct an investigation, giving the reporting individual, the alleged offender and any other persons as the committee shall determine, a fair opportunity to express their views. Further, the committee shall make, in accordance with commonly held standards of conduct, as defined in the Code of Behavior, any necessary preliminary determination of what does or does not constitute reasonable or appropriate conduct and behavior.
   ii) Committee Report. Within ten (10) business days of the investigation meeting, the committee shall issue a written statement of their findings and recommendation to the Senior Associate Dean for Education. The Senior Associate Dean for Education renders a decision, sends a written statement to the individual making the report, the alleged offender, and takes appropriate action consistent with UND policy on disciplinary actions as set forth in the UND Faculty Handbook (www.und.nodak.edu/dept/registrar/senate/FacultyHandbook/) or staff information (www.humanresources.und.edu), as applicable.

f. Appeal
i) If the accused is a faculty, staff or GTA and wants to appeal the findings of the committee or the disciplinary action, a written appeal may be submitted to the Dean.

ii) If the accused is a resident physician, a written appeal may be submitted to the Associate Dean responsible for Graduate Medical Education.

iii) The accused will be notified of the appeal decision in writing within 15 business days of receipt of the written appeal.

iv) There will be no further appeal.

D. Cases involving a close family member or care of family member in the clinical environment: In a curriculum that references cases and clinical experiences that come from a community/state with a small population, we acknowledge that there will likely be case presentations of individuals known to class members or care of close friends/family members in the clinical context. In the event that either occurs in the learning environment the following expectations will apply:

   i. Faculty

   a. Reasonable effort will be made to review the name of the individual (if known) in a learning case and compare to student members in the class or course. If an association is identified between a student and a close friend/family member, the student will be contacted to discuss any potential accommodations that may need to be made for that student. Assurance of protection is limited because of different names and relationships and cannot always be predicted.

   b. Appropriate measures will be taken to protect the identity of the individual in a case including avoidance of any identifying information e.g., place of residence, social factors that do not impact the overall case objectives, etc. and concealment of facial or other identifying features in photos.

   c. If a student contact a faculty member with concerns regarding exposure to medical care or case student of a family member, that faculty member should ensure that an alternate learning experience covering similar content will be made available to the student and consider referring the student for counseling as appropriate. Faculty are also responsible to adhere to the *American Medical Association (AMA) Code of Ethics* and ensure students do not feel pressured or compelled to treat close friends or family members in the context of clinical training environment.

   ii. Students

   a. When a student becomes aware of a written or presented case of
an individual known to him/her, it is the responsibility of the student to inform, and to discuss implications with, the faculty. Modification of the learning experience will be situation dependent and at the mutual agreement of the faculty and student.

b. If a student is asked to provide care to a family member or close friend in a clinical learning situation, the student should discuss the situation and implications with faculty (AMA Code of Medical Ethics).

c. If a student is engaged in a learning experience that involves an individual known to him/her that student if uncomfortable should excuse them self from the learning experience and inform the faculty immediately following the event. An alternate learning experience, covering the similar objectives, will be made available to the student. Implementation of these expectations is considered a confidential matter, and therefore, should neither be shared with other students nor pose interference with the learning experience of other students.

E. Monitoring of the process. The Senior Associate Dean for Education, through the Teacher-Learner Incident Report Form, will monitor the resolution of these incidents to assure that correct procedures are followed at all times and where necessary refer them to the appropriate resources. The Senior Associate Dean for Education will report annually to the Faculty Academic Committee. The FAC report will include number, source, and resolution of incidences.

F. Storage of complaint documentation.
   i. A central file of all complaints will be maintained in the office of the Senior Associate Dean for Education.
   ii. A copy of the report of findings and the action by the Senior Associate Dean for Education may be filed in the offender’s personnel file.

G. Protection from Retaliation. Every effort will be made to protect alleged victims of mistreatment from retaliation if they seek redress. Retaliation from anyone in a supervisory position within the SMHS, including a faculty member, chairperson, lab director, course director, residency training director, division chief, department head, dean or director will not be tolerated. To help prevent retaliation, those who are accused of mistreatment will be informed that retaliation is regarded as a form of mistreatment. Accusations that retaliation has occurred are handled in the same manner as accusations concerning other forms of mistreatment.
   i. Malicious Accusation. A complainant or witness found to have been dishonest or malicious in making the allegation of mistreatment may be subject to disciplinary action. A charge of unprofessional behavior will be filed against the
student and the appropriate action taken according to the MSAPC procedures and Standards for Student Performance.

ii. Sexual Harassment and EEO Complaints. A student alleging sexual harassment or unlawful discrimination may make a complaint in accordance with the procedure outlined in the UND Code of Student Life or to the Office of Equal Opportunity/Affirmative Action.

American Medical Association Code of Medical Ethics


Accessed March 21, 2015

Opinion 8.19 - Self-Treatment or Treatment of Immediate Family Members

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician’s personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered.

Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician’s professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member’s personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members. (I, II, IV)

Issued June 1993
## RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>Encouraged to notify the Associate Dean for Student Affairs and Admissions when incidents of noncompliance with this policy are encountered.</td>
</tr>
<tr>
<td>Teachers/Faculty/Staff/Residents, GTA</td>
<td>Encouraged to notify the Associate Dean for Student Affairs and Admissions when incidents of noncompliance with this policy are encountered. Report all discrimination and sexual violence to the Title IX office.</td>
</tr>
<tr>
<td>Associate Dean for Student Affairs and Admissions</td>
<td>Act as an advisor to the student, provide information about the process, next steps etc.</td>
</tr>
<tr>
<td>Senior Associate Dean for Education</td>
<td>Develop the pool of members from which the ad hoc committee is chosen. Accept the complaints, form an ad hoc committee, receive the ad hoc committee findings and report, render a decision, and follow through on process as outlined above. Report aggregate deidentified data annually to FAC. Ensure that affiliated institutions address this or a similar institutional policy.</td>
</tr>
<tr>
<td>Department Chairs</td>
<td>Ensure department Faculty are aware of this policy.</td>
</tr>
<tr>
<td>Graduate Medical Education Committee</td>
<td>Ensure residents are aware of this policy</td>
</tr>
<tr>
<td>Dean</td>
<td>Inform the Department Chairs about the policy on an annual basis and require education of teachers.</td>
</tr>
<tr>
<td>Campus Deans</td>
<td>Act as an advisor to the student, provide information about the process, next steps etc.</td>
</tr>
</tbody>
</table>

## FORMS

<table>
<thead>
<tr>
<th>Form</th>
<th>Attached</th>
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</thead>
<tbody>
<tr>
<td>Teacher-Learner Incident Report Form</td>
<td>Attached</td>
</tr>
</tbody>
</table>
Teacher-Learner Incident Report Form

Student name: ____________________________________________________________

Address: ________________________________________________________________

Contact number: __________________________________________________________

Email: ___________________________________________________________________

EMPLID: ______________________________ MSI  MSII  MSIII  MSIV  (Circle one)

Date of the incident: ______________________________________________________

Person who the student is grieving against: _________________________________

Please describe in detail the nature of the incident: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Requested resolution: ______________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Detail informal measure taken to address this situation: _________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

RETURN FORM TO:  Student Affairs and Admissions, SMHS, 2nd Floor