



Policy Title

Guidelines for Conduct in Medical Educator/Learner Relationship

Identifier

USCSOMG – STAF – 6.02

Prepared by: Office of Student Affairs	
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LCME Standards

3.5 – Learning Environment/Professionalism

3.6 – Student Mistreatment

Scope

University of South Carolina (USC) School of Medicine Greenville students, faculty, residents and other health professionals

Policy Statement

The USC School of Medicine Greenville is committed to fostering an environment that promotes academic and professional success in learners and medical educators at all levels. An atmosphere of mutual respect, collegiality, fairness, and trust is essential to achieve this success. Although both medical educators and learners bear significant responsibility in creating and maintaining this atmosphere, medical educators also bear particular responsibility with respect to their evaluative roles relative to student work and with respect to modeling appropriate professional behaviors. Medical educators must be ever mindful of this responsibility in their interactions with their colleagues, their patients, and those whose education has been entrusted to them.

Reason for Policy

To provide USC School of Medicine students clarity on responsibilities of medical educators and learners. LCME expects that a medical school ensures that the learning environment of

its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. A medical school should have a policy addressing the standards of conduct in relationships among students, faculty, residents, and other health professionals.

Procedures

I. Responsibilities in the Medical Educator/Learner Relationship

A. Responsibilities of Medical Educators

1. Treat all learners with respect and fairness
2. Treat all learners equally regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
3. Provide current material in an effective format for learning.
4. Be prepared and punctual for didactic, investigational, and clinical encounters and prompt in responding to requests and questions from students.
5. Provide timely feedback with constructive suggestions and opportunities for improvement/remediation when needed.
6. Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive.
7. Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately.
8. Demonstrate respect and professionalism toward other members of the faculty in developing and delivering an integrated curriculum.

B. Responsibilities of Learners

1. Treat all fellow learners and medical educators with respect and fairness, equally regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
2. Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings.
3. Be prepared and on time for didactic, investigational, and clinical encounters.
4. Commit the time and energy to your studies necessary to achieve the goals and objectives of each course.
5. Recognize personal limitations and seek help as needed.
6. Communicate concerns/suggestions about the curriculum, didactic methods, medical educators, or the learning environment in a respectful, professional manner.
7. Develop a lifelong learner's perspective where the students take ownership of their own learning process and anticipate long term needs for knowledge, skills, attitudes and behavior.
8. Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately.
9. Solicit feedback on your performance and recognize that criticism is not synonymous with "abuse".

II. Behaviors Inappropriate to the Medical Educator-Learner Relationship

Inappropriate and unacceptable behaviors are those which demonstrate disrespect for others or lack of professionalism in interpersonal conduct. Although there is inevitably a subjective element in the witnessing or experiencing of such behaviors, certain actions are clearly inappropriate and will not be tolerated by the institution. These include, but are not limited to, the following:

1. Unwanted physical contact (e.g., hitting, slapping, kicking, pushing) or the threat of the same.
2. Sexual harassment (including romantic relationships between medical educators and learners in which the medical educator has authority over the learner's academic progress) or harassment based on age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
3. Loss of personal civility including shouting, personal attacks, insults or bullying, displays of temper (such as throwing objects), use of culturally insensitive language.
4. Discrimination of any form including in teaching and assessment based upon age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
5. Requests for another to perform inappropriate personal errands unrelated to the didactic, investigational, or clinical situation at hand.
6. Grading/evaluation on factors unrelated to performance, effort, or level of achievement.

III. Avenues for Addressing Inappropriate Behavior in the Medical Educator/Learner Context

C. Learners' Concerns

Learners may address situations in which they feel that they have been the object of inappropriate behavior at various levels.

1. Students may wish to address the situation immediately and non-confrontationally with the medical educator. The way to raise such an issue is to describe the behavior factually ("When you said..."), describe how the behavior made you feel ("I felt..."), and state that the behavior needs to stop or not be repeated ("Please, don't do that again.")
2. If the behavior continues or if the student is uncomfortable speaking with the offending medical educator, it may be helpful to discuss the behavior with module/clerkship directors, laboratory mentors, program directors or department chairs. These individuals may intercede on the student's behalf to resolve the situation.
3. Students may elect to speak to any one of the Associate Deans in the Office of Academic Affairs and/or the Office of Student Affairs, the USC Chief Inclusion Officer, the USC School of Medicine Greenville's Ombudsperson, or the USC Office for Equal Opportunity Programs for advice and counsel about these issues. These individuals may offer additional suggestions for resolving the matter informally, such as, for example, speaking to the individual on the learner's behalf or on behalf of an entire class, raising the general issue in a faculty meeting,

assisting the learner with writing to the individual medical educator or even direct intervention to get the behavior to stop.

Sanctions

Student violations of these guidelines will result in referral to the Honor and Professionalism Council and may result in further disciplinary action up to and including dismissal.

Faculty, resident or other health professional violations of these guidelines will result in referral to immediate supervisor who will determine further disciplinary action.

Additional Contacts

Office of Student Affairs

Office of Faculty Affairs

Ombudsman

USC Office for Equal Opportunity Programs

Related Information

USC School of Medicine Greenville Student Handbook

USCSOMG – STAF – 6.01 Student Mistreatment Policy

USC School of Medicine Greenville Faculty Handbook

History

Date of Change	Change
April 2023	Editorial changes due to branding and title updates
July 2019	Added residents and other health professionals to the scope, updated sanctions and contacts. Editorial changes made due to branding updates and titles.
July 2018	Policy formalized into standardized template, LCME CQI