A Climate of Mutual Respect

The OSU College of Medicine has as a core value a climate of mutual respect in the teaching and learning environment. It is committed to promoting an abuse free environment for all students, staff, volunteers, and physicians. The College maintains its commitment to prevent student abuse through education, by providing support for victims, and by responding with corrective action. In this way, the College assures an educational environment in which students, staff, volunteers, and physicians may raise and resolve issues without fear of intimidation or retaliation. The College is committed to investigating all cases of abuse in a prompt, sensitive, confidential, and objective manner.

Student Mistreatment

Each year the Association of American Medical Colleges surveys graduating medical students about their medical school experience via the Medical School Graduation Survey. A significant number of medical students reported that they had suffered some form of student mistreatment or abuse during medical school. Mistreatment is most commonly reported during the third year of medical school and the most common type of mistreatment reported is ‘public belittlement or humiliation.’ Women and minority students report a higher rate of mistreatment and abuse. Sexual mistreatment is also a common occurrence; approximately 20% of students reported being subjected to sexist remarks or unwelcome sexual advances at least once during medical school. All faculty members must be vigilant to create a work environment in which student abuse is prevented through education and minimized by swift and consistent reporting.

Abuse may be defined as “treatment of a person that is either emotionally or physically damaging; is from someone with power over the recipient of the damage; is not required or not desirable for proper training; could be reasonably expected to cause damage; and may be ongoing.” This includes verbal (swearing, humiliation), emotional (neglect, a hostile environment), sexual (physical or verbal advances, discomforting humor), and physical harassment or assault (threats, harm). To determine if something is abusive, one should consider if the activity or action is damaging, unnecessary, undesirable, or ongoing or could reasonably be expected to cause damage.

The following are examples only and are not meant to be inclusive of all types of abuse. Furthermore, these examples may not always constitute abuse given a specific situation. For example, while “unwanted sexual advances” are clearly an example of sexual harassment, “being stared at” does not always constitute sexual harassment.
### Verbal
- Yelling or shouting at a student
- Humiliation or putdown (e.g., disparaging remarks about being in medicine)
- Racial, ethnic, or sexual orientation discrimination (e.g., slurs, jokes, prejudiced remarks)
- Non-constructive criticism
- Threatening to hit or to cause harm to others

### Emotional
- Being assigned work duties for the purpose of punishment rather than education
- Having others take credit for your work (e.g., papers, projects, clinical work, or research)
- Creation of a hostile environment
- Exclusion from formal or informal learning settings
- Threats to one’s academic standing (e.g., threatening to fail, to lower grades, or to give a poor evaluation)

### Sexual
- Being stared at or leered at
- Unwelcome sexual comments, jokes, innuendoes, or taunting remarks about one’s body, attire, age, gender, sexual orientation, or marital status
- Malicious gossip pertaining to sexual habits
- Display of pornographic, sexually offensive, or degrading pictures
- Unwanted sexual advances, including unnecessary physical contact by touching, pinching, or patting
- Nonconsensual sexual intimacy with or without actual intercourse

### Physical
- Being pushed, shoved, shaken, or tripped
- Being slapped, hit, punched, or kicked
- Assault with a weapon (e.g., needle or surgical instrument)
- Aggressive violation of one’s personal space (e.g. “getting in one’s face”)

**Abuse** is to treat in a harmful, injurious, or offensive way; to attack in words; to speak insultingly, harshly, and unjustly to or about a person; and to revile by name calling or speaking unkindly to an individual in a contentious manner. Abuse is further defined to be particularly unnecessary or avoidable acts or words of a negative nature inflicted by one person on another person or persons.

**Harassment** is verbal or physical conduct that creates an intimidating and/or hostile work or learning environment in which submission to such conduct is a condition of one’s professional training.

**Discrimination** is a behavior, action, interaction, and/or policy that adversely affects one’s work because of disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.
Facilitating an environment that discourages student/trainee abuse

Specific actions that attending physicians, staff and residents can take to ensure an abuse free environment for medical students and other trainees include:

1. Be certain that all members of the health care team know their roles and expectations, that all incidents of abuse are acknowledged and discussed rather than ignored, and that students know the appropriate mechanisms by which they can report unprofessional behavior.

2. When house staff, faculty physicians or staff hear racial, sexist, or gender jokes and comments, they are directed to tell the person making such comments that they consider them inappropriate and unprofessional. Students and trainees should also be supported by bystanders when they speak up to complain about such comments or actions.

3. Be certain to welcome students of all genders and ethnicity to a given service and to create a comfortable environment for them, and assure them that they have the same opportunities and responsibilities as others on the service.

4. Welcome students as learners and realize that learners are nervous and vulnerable when they are beginning to learn something new. Help break the cycle of “acculturation” that has persisted in the past, which is exemplified by such statements as, “When I was in medical school, I was treated like crap and you should expect the same.”

5. All health care team members should speak respectfully and honestly so that students are not shocked or disappointed in the way they talk about patients in private.

6. Work professionally with gay, lesbian, and bisexual students and avoid remarks that would make them uncomfortable.

7. Treat residents and interns kindly and professionally so that they will treat students in the same way.

8. During monthly or other regularly called meetings, include opportunities for residents to communicate and exchange information on their working environment and their educational programs.

9. When designing or redesigning clerkship or faculty evaluation processes, be sure to include items on abuse and use the results of these evaluations for constructive criticism as well as praise for attending and residents’ behavior.

10. Establish an e-mail address whereby house staff can communicate questions and concerns to be addressed directly and confidentially.
Mechanisms for Handling Complaints of Student Mistreatment

Academic program directors, committees, and staff work to create a learning environment that is abuse-free and a climate that has at its core mutual respect among students and all personnel. Problems may be reported at any support staff level based on the specific issue and the student’s comfort level. Students may report to:

- Faculty member
- Block/Module leaders (faculty)
- Program Coordinators (program office staff)
- Academic Program Directors (faculty)
- Chief Resident
- Program Specialist or Coordinator (staff)
- Any course or clinical rotation Director (faculty)
- Department Chair (faculty)

Students are encouraged to report incidents of mistreatment to the clerkship director or coordinator but may certainly also report directly to the course director / coordinator or one of the dean's staff if they are more comfortable with that route of communication. This also applies to incidents that may occur at other hospitals or community locations, where students can report incidents to course directors (faculty) or the hospital medical education offices (staff).

Student/Faculty Liaison - In addition to existing University, College, hospital, department, and divisional mechanisms, the College has established a position of Student/Faculty Liaison. Lora Eberhard, who is also the medical student counselor, is available to all students by visiting 138A Meiling (370 W. 9th Avenue), calling 292-3340, or by sending an e-mail to lora.eberhard@osumc.edu. The Student/Faculty Liaison can direct students to the Honor & Professionalism Council, police, counselors, Associate Dean for Student Life, or other appropriate Associate or Assistant Deans. This does not preclude students from also pursuing acts of abuse through local police or legal actions. Actions and referrals on the part of the Student/Faculty Liaison are confidential, such that retaliation by faculty and students or in grading processes is avoided.

Associate Dean for Student Life. Students may choose to report incidents of abuse directly by contacting Joanne Lynn, M.D., Associate Dean for Student Life, in 155 Meiling Hall (370 W. 9th Avenue), by calling 292-5126, or by sending an e-mail to joanne.lynn@osumc.edu. Actions and referrals on the part of the Associate or Assistant Deans occur outside the normal grading process and are considered binding upon approval of the Dean of the College.

All reports of sexual harassment will be forwarded to the College of Medicine and University office responsible for investigation. Other reports of alleged abuse will be handled on a case-by-case basis. Investigation of anonymous complaints are not possible, but the complaints will be collected, filed in the Associate Dean’s office, and reviewed as new complaints are received to determine if a pattern is present.
The OSU Student Advocacy Center is available by calling (614) 292-1111, going to 1120 Lincoln Tower, 1800 Cannon Drive, or by sending an e-mail to advocacy@osu.edu. This branch of University Student Affairs is committed to serving students first. It is there to familiarize students with University policies, procedures, and guidelines as well as to assist students in finding information, answering difficult questions, solving problems, and finding solutions to complicated situations.