

Medical Student Faculty Teaching Responsibilities and Policies

Below is information that all teaching faculty of the OSU College of Medicine should know in order to provide the best education and learning environment for our medical students.

1. OSU COLLEGE OF MEDICINE STUDENT NON-DISCRIMINATION POLICY

The OSU College of Medicine prohibits discrimination against any individual applicant or student based on age, color, ethnicity, race, gender, gender identity, sexual orientation, religion or creed, national origin or ancestry, veteran status, marital or parental status in the administration of admissions, educational and other COM programs. Otherwise qualified persons are not subject to discrimination on the basis of disability. Reasonable accommodation will be provided to persons with disabilities who otherwise meet the technical standards of the medical education program.

2. EDUCATIONAL OBJECTIVES OF THE MEDICAL CURRICULUM

It is fundamental to the educational mission of the OSU College of Medicine that each faculty member know the Core Educational Objectives of the Medical Curriculum as well as the specific educational objectives relevant to each part of the curriculum in which they teach. These objectives have been determined to be vital to the educational curriculum by committees of faculty educators. Each course or clerkship director will inform their faculty of educational objectives specific to each course in which they teach.

OSU COM Core Educational Objectives of the Medical Curriculum

Adopted June 9, 2008

Above all else, a graduate of The Ohio State University College of Medicine shall exemplify the ethics, values, and behaviors of the medical profession. **As such, the graduate must consistently demonstrate compassion, respect, honesty, integrity, accountability, altruism, prudence, social justice, and commitment to excellence in all professional and personal responsibilities.** The graduate is expected to apply these behaviors in all of the following competencies.

Patient Care

The graduate is able to:

1. Approach the care of patients as a cooperative endeavor, integrating patients' concerns and ensuring their health needs are addressed.
2. Comprehensively evaluate patients by obtaining accurate and pertinent medical histories; conducting appropriate and thorough physical examinations; gathering detailed ancillary information; and synthesizing all relevant data to generate prioritized differential diagnoses and formulate plans of care that reflect an understanding of the environment in which health care is delivered.
3. Use the best available information to develop patient care plans that reflect cost-effective utilization of diagnostic tools and therapeutic interventions appropriate for each unique patient and/or patient population and that are delivered in a compassionate, safe, and error-limited environment.
4. Understand the role of disease prevention and health promotion in relation to individual patients and/or patient populations and utilize these principles in clinical encounters.

Medical Knowledge and Skills

The graduate is able to:

1. Demonstrate a broad working knowledge of the fundamental science, principles, and processes basic to the practice of medicine and apply this knowledge in a judicious and consistent manner to prevent common health problems and achieve effective and safe patient care.
2. Understand the clinical relevance of scientific inquiry and demonstrate the ability to evaluate emerging knowledge and research as it applies to diagnosis, treatment, and the prevention of disease.
3. Utilize state of the art information technology and tools to retrieve, manage, and use biomedical information in the care of individuals and populations.
4. Understand the indications, contraindications, and potential complications of common clinical procedures and perform the basic clinical procedures expected of a new PGY-1.

Practice-Based Learning

The graduate is able to:

1. Evaluate the performance of individuals and systems to identify opportunities for improvement.
2. Seek out and apply best practices, measure the effect of changes, and develop strategies to improve performance.

3. Demonstrate an understanding of the role of the student and physician in the improvement of the health care delivery system.
4. Identify one's own strengths, weaknesses, and limits; seek and respond appropriately to performance feedback; maintain an appropriate balance of personal and professional commitments; and seek help and advice when needed.

Interpersonal Communications

The graduate is able to:

1. Demonstrate leadership and collaborate effectively with other health care team members and professional associates.
2. Understand how human diversity may influence or interfere with exchange of information.
3. Use effective listening, observational, and communication techniques in all professional interactions.
4. Produce timely documentation and communication that is clear, concise, and organized, in a way that optimizes patient care and minimizes medical errors.
5. Use information technology appropriately to manage medical information and patient care decisions, promote education, and communicate in the interests of patients.
6. Effectively prepare and deliver educational materials to individuals and groups.

Systems-Based Practice

The graduate is able to:

1. Understand the institutions and individuals that participate in health care delivery and the role of the physician in the health care system.
2. Appropriately use system resources and assist patients in accessing health care that is safe, effective, patient-centered, timely, efficient, and equitable.
3. Understand the interdependence of the component parts of the health care system and the potential for unintended consequences within the system.
4. Identify and utilize professional role models as a means of growth and accept the responsibility of acting as a role model and teaching and training others.

3. STUDENT/ TRAINEE LEARNING ENVIRONMENT

Each July the OSU Wexner Medical Center and OSU affiliated clinical training sites welcome new trainees in various health professions. While the primary purpose of the medical center is to provide care for patients, let us remember that this is also a learning environment for each of our trainees. It is the responsibility of each of us in this community to contribute to the development of a positive learning and work environment for all learners. Many studies have shown that hostile environments negatively affect students and trainees and are detrimental to learning and associated with higher rates of student depression, stress, anxiety and burn-out. Faculty should treat students and trainees as they wish students and trainees to treat their patients.

Please remember that many of our learners have very little experience in the clinical environment. They may be a bit anxious about how they will fit in and what they will experience. Some of the things that we can do to improve the learning environment for our trainees include:

- Welcome each student and trainee to the work environment; introduce them to the various team members
- Orient the students to the work place (give a tour) and explain to them the various schedules and activities of their floor, clinic or other work unit
- Vow to improve the professional environment for faculty, staff and trainees and encourage your colleagues to join you in this effort. Students are always learning from what they observe – not just from formal lectures and rounds but also from informal interactions –both positive and negative. Let's strive to keep those lessons positive.
- Communicate to trainees that faculty and staff value trainee education and consider it to be a high priority in the medical center.
- Practice appreciative inquiry – don't just criticize shortcomings – also point out and praise good practices and performances by our trainees
- When possible, optimize flexibility and choice for health profession students to decrease the perception of lack of control (this helps to decrease stress)

4. FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT - FERPA

Faculty should be aware of the Family Educational Rights and Privacy Act (FERPA). Medical students are protected by FERPA - a set of laws enacted in 1974 – which guarantees students the right to review and inspect their educational records, to seek to amend educational records and to have some control over the disclosure of educational record information. Grades should not be posted publicly with student names or other information which would allow a third party to identify the student. Faculty should not

give out student personal information or grades to third parties without the express consent of the student.

More detailed information about policies regarding privacy and release of student educational records from the Office of the University Registrar is available at: http://registrar.osu.edu/policies/privacy_release_student_records.pdf

For those faculty members who wish to learn more about FERPA, there is an online tutorial at the following link: http://registrar.osu.edu/staff/ferpa_tutorial/main.asp

5. FACULTY EVALUATION OF AND FEEDBACK TO STUDENTS

An essential role of faculty members in medical education is to provide evaluation and feedback to learners. Feedback is information about how a trainee's observed performance compares with an accepted performance standard that is given with the intent of assisting the trainee to improve performance. Effective feedback should be frequent, specific and timely and given in a climate of respect and mutual trust.

It is most important that students be given formative feedback regularly along the course of a rotation or course including mid-rotation feedback so that they have an opportunity to improve their performance before the final evaluation. LCME Standard ED-31 states: *"Each student should be evaluated early enough during a unit of study to allow time for remediation."* Faculty should strive to provide direct observation of medical student activities in order to give optimal feedback and evaluation

It is an important responsibility of each faculty member to complete course evaluations in an accurate, complete and timely fashion. Students and trainees deserve the feedback provided by evaluations. The LCME requires that grades be completed in a timely fashion and delayed evaluations can hinder this process. Any questions about evaluations should be addressed to the clerkship, rotation or course coordinators or directors.

Past or present health care provider relationship with students and evaluation policy

Faculty and other health care professionals who provide sensitive health, psychiatric or psychological care to medical students **must not evaluate** student academic performance or participate in decisions regarding student advancement and/or graduation. Faculty are required to attest that they have not provided such care to students when they fill out evaluations or participate in course grading or committee academic review or promotion decisions or to recuse themselves from these academic roles if they have provided such care at any time in the past.

6. STANDARDS OF CONDUCT IN THE TEACHER-LEARNER RELATIONSHIP AND ABUSES OF THIS RELATIONSHIP

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, discomfoting 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-base 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.

7. ROMANTIC & SEXUAL RELATIONSHIPS/ SEXUAL HARASSMENT POLICY

The College of Medicine adheres to the OSU Sexual Harassment Policy 1.15. Excerpts are presented below; the policy in its entirety is available at the following website:

<http://hr.osu.edu/policy/policy115.PDF>

The University administration, faculty, staff, student employees, and volunteers are responsible for assuring that the University maintains an environment for work and study free from sexual harassment. Sexual harassment is unlawful and impedes the realization of the University's mission of distinction in education, scholarship, and service. Sexual harassment violates the dignity of individuals and will not be tolerated. The University community seeks to eliminate sexual harassment through education and by encouraging faculty, staff, student employees, and volunteers to report concerns or complaints. Prompt corrective measures will be taken to stop sexual harassment whenever it occurs.

POLICY GUIDELINES

I. Definition

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other physical or verbal conduct of a sexual nature when it meets any of the following:

- A. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic status.
- B. Submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual.

- C. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive environment for working, learning, or living on campus. Sexual harassment can occur between any individuals associated with the University, e.g., an employee and a supervisor; coworkers; faculty members; a faculty, staff member, or student and a customer, vendor, or contractor; students; or a student and a faculty member.

II. Examples of Sexual Harassment

Examples of sexual harassment include, but are not limited to:

- A. Some incidents of physical assault.
- B. Direct or implied threats that submission to sexual advances will be a condition of employment, work status, promotion, grades, or letters of recommendation
- C. Direct propositions of a sexual nature and/or subtle pressure for sexual activity that is unwanted and unreasonably interferes with a person's work or academic environment.
- D. A pattern of conduct that unreasonably interferes with the work or academic environment (not legitimately related to the subject matter of a course) including:
 - 1. Sexual comments or inappropriate references to gender.
 - 2. Sexually explicit statements, questions, jokes, or anecdotes regardless of the means of communication (oral, written, electronic, etc.).
 - 3. Unwanted touching, patting, hugging, brushing against a person's body, or staring.
 - 4. Inquiries and commentaries about sexual activity, experience, or orientation.
 - 5. The display of inappropriate sexually oriented materials in a location where others can view them.

III. Romantic and/or Sexual Relationships

Romantic and/or sexual relationships between individuals in a supervisory, teaching, evaluation, advising, coaching, or counseling relationship constitute a conflict of interest. The person in the position of higher institutional authority has the responsibility to eliminate the conflict of interest. The conflict of interest must be eliminated in a way which minimizes potential for harming the person with lower institutional authority.

Faculty, staff, and students who are in the position to influence academic or employment decisions about others with whom they are in a romantic and/or sexual relationship should recuse themselves from such decisions.

In the event of an allegation of sexual harassment, the University will strictly scrutinize a defense based upon consent when the facts establish that an institutional power differential existed within the relationship.

A. Prohibited relationships

- 1. Romantic and/or sexual relationships between faculty/staff/graduate associates/undergraduate TAs and students, and between attending physicians and medical residents/interns/fellows, cannot continue whenever there are

supervisory, teaching, evaluation, advising, coaching, or counseling responsibilities for the student. Alternative academic/supervisory arrangements must be made to avoid being in a prohibited relationship; if acceptable alternative arrangements are not feasible, the relationship cannot continue.

No person involved in a romantic and/or sexual relationship will have direct responsibility for evaluating the performance or for making decisions regarding the hiring, promotion, tenure, compensation, or termination of the other party to the relationship. Supervisors, including faculty supervisors, must take immediate steps to make acceptable alternative arrangements regarding their supervisory responsibility for the other party to avoid an actual or apparent conflict of interest. If acceptable alternative arrangements are not feasible, the relationship cannot continue.

2. Notification responsibilities to avoid prohibited relationships

University faculty/staff/graduate associates/undergraduate TAs must notify their supervisor (e.g. dean, chair, vice president, direct supervisor, etc.) of any prohibited relationship in which they are involved; and, have a duty to cooperate in making acceptable alternative arrangements. The Office of Human Resources, Organization and Human Resource Consulting, is available to facilitate or consult with parties about notification and making acceptable alternative arrangements.

Individuals who engage in prohibited relationships (i.e., who do not notify their supervisors and do not make acceptable alternative arrangements) are in violation of this policy. Supervisors, including faculty supervisors, who obtain information that would lead a reasonable person to believe that the Romantic and/or Sexual Relationships section of this policy has been violated, have an institutional duty to report the violation to the Office of Human Resources, Organization and Human Resource Consulting.

Individuals in positions of power, who engage in a series of exploitive sexual or romantic relationships, whether or not notification has occurred, may be held in violation of the romantic and/or sexual relationship policy.

3. Acceptable alternative arrangements

Acceptable alternative arrangements means removing any supervisory, teaching, evaluation, advising, coaching, or counseling responsibilities between the person with institutional power and the student or employee. The alternative arrangements should avoid negative consequences for the student or employee; if acceptable alternative arrangements are not feasible, the relationship cannot continue.

B. Corrective action

After a thorough review of the facts, corrective action will be taken with any faculty/staff/ student employee who violates this romantic and/or sexual relationship policy by:

1. Entering into or engaging in a prohibited relationship without notification and without making immediate acceptable alternative arrangements, or
2. Failing to follow any part of this policy, or
3. Failing to implement any responsibility of supervisors as identified in this policy. This applies to all supervisors, including faculty who serve in supervisory roles.
4. The corrective action process will be in accordance with university policies, faculty rules, or Code of Student Conduct.
5. An individual who promptly provides notification of a prohibited relationship and cooperates in making acceptable alternative arrangements in a timely manner will not be held in violation of the romantic and/or sexual relationship policy.

C. Important advisory statement on romantic/sexual relationships

Individuals in positions of power must be aware that romantic or sexual relationships with students are fraught with danger for exploitation and pose a legal risk to both the individual and the institution.

There are special risks in any sexual or romantic relationship between individuals in inherently unequal positions of power. These relationships may be subject to concerns about the validity of consent and unfair treatment of other students or employees. Such relationships can undermine the atmosphere of trust essential to the educational process and the employment relationship. They may, moreover, be less consensual than the individual whose position confers power believes.

The apparent consensual nature of the relationship is inherently suspect due to the fundamental asymmetry of power in the relationship and it thus may be difficult to establish consent as a defense to a charge. Even when both parties consented at the outset to a romantic or sexual involvement, this past consent does not remove grounds for or preclude a charge or subsequent finding of sexual harassment based upon subsequent unwelcome conduct.

The greater the institutional power differential that exists the greater risk there is for exploited consent. Exploited consent exists when consent to a relationship is given as a function of the position of power one occupies over another within an institution.

Many international students, faculty, and staff come from cultures in which deference to any authority figure is important and sexual harassment laws do not exist. Some individuals may be especially vulnerable to exploitive relationships given cultural, language, and immigration/visa issues. Faculty, staff, and students should be very careful to avoid relationships that may be exploitive in nature.

The University discourages romantic and/or sexual relationships between faculty and students, for all the reasons provided above.

The University strongly discourages romantic and/or sexual relationships between faculty and graduate students when in the same department; between faculty and undergraduate students majoring in the faculty member's area of expertise; when the faculty member has any influence over academic judgments about the student; and, in any context when the perceived power differential may be significant.

Finally, it is important to be aware that in some cases non-consensual relations may constitute sexual harassment, and allegedly consensual relations that “go bad” may later result in allegations of sexual harassment.

IV. Duty to Act

Any Human Resource Professional (HRP); supervisor, including faculty supervisors; chair/director; or faculty member who becomes aware of information that would lead a reasonable person to believe that sexual harassment has occurred will notify the Office of Human Resources, Organization and Human Resource Consulting, by ensuring that a Discrimination/Harassment Complaint Form or other appropriate documentation is filed within five working days of becoming aware of the information. The Complaint Form/documentation will initiate collaboration between the Office of Human Resources, Organization and Human Resource Consulting and the unit HRP to determine how to proceed with resolving the complaint.

V. Regulations

A. Confidentiality and non-retaliation

The University will make every reasonable effort to conduct all proceedings in a manner that will protect the confidentiality of all parties. Parties to the complaint should treat the matter under investigation with discretion and respect for the reputation of all parties involved. University policy and state and federal law prohibit retaliation against an individual for reporting sexual harassment, or for participating in an investigation. Retaliation is a serious violation that can subject the offender to sanctions independent of the merits of the sexual harassment allegation.

The University has a compelling obligation to address allegations and suspected instances of sexual harassment when it obtains information that would lead a reasonable person to believe that this policy has been violated. The University is not precluded from taking any action it deems appropriate, including informing the alleged harasser of the complaint and pursuing an investigation even in cases when the complainant is reluctant to proceed. The complainant will be notified in advance when such action is necessary.

B. Corrective measures

When it has been determined that sexual harassment has occurred, steps will be taken to ensure the harassment is stopped immediately. Corrective measures consistent with the severity of the offense will be imposed

consistent with applicable University procedures and may include sanctions.

Sanctions imposed on the harasser may include, but are not limited to, a reprimand, suspension, or dismissal from the University. In the event that a record of such sanctions will become a part of the harasser's personnel records, prior notice will be given to the harasser. Sanctions also may be imposed on any individual with a duty to act (under this policy and associated procedures) who fails to respond to a complaint of sexual harassment in a manner consistent with the provisions of this policy and the associated procedures. The complainant will be informed of the corrective measures taken.

8. PROFESSIONALISM AND SOCIAL NETWORKING

Policy on Social Networking: The Ohio State University College of Medicine

Social networking is a common activity that has the potential to increase our ability to interact with each other in positive ways. However, the ability of the internet to instantly reach millions of people, both within and outside of the medical profession makes it imperative that we take safeguards to insure that social networking does not erode the values of the medical profession or damage the reputation of the profession or the medical center.

Definitions:

Social Networking: The use of various internet sites to connect people via web based technology. This includes but is not limited to Facebook, MySpace, Flickr, web blogs, chat rooms.

Publically Disseminate: to distribute to a wide audience, either through posting to a non-secure website, sending content in an email, posting flyers.

Values of the Medical Profession: altruism, respect, confidentiality, prudence, tolerance, integrity and a commitment to personal excellence.

The policy of the OSUCOM regarding student and faculty use of social networking sites is delineated below. Students and Faculty of the College of Medicine:

- Should take steps to insure that their social networking sites have the appropriate privacy settings to avoid inadvertent dissemination of material to audiences beyond their control.
- Should include a disclaimer with postings that clearly state that the expressed opinions belong to the writer alone and do not necessarily reflect the views of the College of Medicine.

- May not write about patients in a manner that could in any way convey the patient's identity, even accidentally. They are cautioned that patients with rare diagnoses, physical appearances, and specific locations within the medical center may be easily identifiable even in the absence of names and medical record numbers.
- May not write defamatory comments about faculty, staff, students, and health professionals within the medical center.
- May not post someone else's work (including from internet sites) without attribution.
- May not post pictures or descriptions that demonstrate participation of students, faculty, or staff engaging in unprofessional behavior

Faculty within the College of Medicine are strongly discouraged from inviting students/trainees who are actively enrolled in the College of Medicine or in the OSUMC residency programs to participate in any social networking community that involves their personal lives. Social networking communities limited to professional work are acceptable.

9. STUDENT HEALTH AND SAFETY

Policies regarding Medical Student Access to Health Care

Busy health professionals sometimes find it difficult to balance work and personal responsibilities and needs. However, the OSU COM directs that faculty, staff and trainees be permitted and enabled to attend to important medical and personal needs to maintain health and well-being. While medical students are encouraged to use unscheduled time for personal needs when possible, some medical, dental, and other personal issues cannot be resolved except during regular business hours. Students may request time off from educational classroom or clerkship responsibilities within the days specifically allotted for various rotations. Prior notification and approval of the clerkship director is required except in emergent situations. **Faculty should learn the rules about excused absences from specific educational experiences including clinical rotations and facilitate medical student efforts to meet personal needs and optimize physical and mental health.**

Policies regarding medical student exposure to blood / body fluids

Universal blood and body fluid precautions lessen the risk of exposure to such fluids, and these precautions must be used routinely. Medical students are in many situations during clinical clerkships where breaks in skin ("sharps" injuries) or mucosal contact may expose them to possibly infectious blood or body fluids.

Faculty should know the policies regarding what medical students should do once an exposure to potential pathogens through blood or other bodily fluids has occurred and should help to facilitate the completion of the recommended interventions. **It is important to note that medical students are not medical center employees and should not be sent to employee health. Instead medical students should be counseled and treated for BBF exposures through student health or the emergency department.**

The policy for BBF from the OSU COM Medical Student Handbook includes:

Students are assigned to several affiliated hospitals as well as University Hospitals. The protocols at each institution are slightly different. The following, however, are common to all facilities:

- Decontaminate (wash with disinfectant) the exposed or contaminated site immediately.
- Go to OSU Student Health or the Emergency Department immediately.
- Have the injury inspected and an incident report filled out by a supervisor (e.g., resident or head nurse).
- Make a note of the patient's name, hospital number, attending physician, and location.
- Report the injury as soon as possible to Hospital Epidemiology or the OSU Student Health Service.
- Report to your immediate supervisor (attending or resident physician).
- Notify the attending physician of the patient. Usually, this is done by Hospital Epidemiology or OSU Student Health, since it is the hospital's responsibility to have the patient's blood drawn and tests done. The attending physician, though, may order the appropriate testing.
- The injured student's blood may be drawn for baseline serologies at either the affiliated hospital or at OSU Student Health Service.
- Make an appointment to see Dr. Roger Miller, Preventive Medicine, OSU Student Health Service, 1875 Millikin Road. Call 292-4321 for appointments and 688-4108 to speak with Dr. Miller. Reports of tests should be sent to Dr. Miller for follow-up and appropriate medical recording.
- Notify the Associate Dean for Student Life (joanne.lynn@osumc.edu).
- Bills for blood tests and assessment should be submitted to the student's health insurance. Any uncovered costs and bills should be brought to 155 Meiling Hall (office of the Associate Dean for Student Life).

Medical Student Duty Hours

Faculty teaching medical students should be aware of and enforce the OSU COM regulations regarding medical student duty hours. This is the policy on student duty hours for clinical rotations:

Clinical rotations for medical students should provide academic and clinical experiences intended to increase the students' knowledge and skills in caring for patients. To that end, the didactic and clinical responsibilities for students should be carefully planned and balanced with concerns for patient safety and student well being.

The following guidelines are modified from the ACGME resident duty hours standards, to take into account the effects of fatigue and sleep deprivation on learning and patient care.

Medical student duty hours are defined as all clinical and academic activities related to the medical school curriculum and individual department requirements, i.e., patient care and related activities (both inpatient and outpatient,) time spent in-house during call activities, and scheduled academic activities such as didactic sessions and conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Students must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical activities.

Adequate time for rest and for personal activities must be provided.

In-house call is defined as those duty hours beyond the normal workday when medical students are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night. Students should be excused from clinical work at noon following overnight call duties, but may stay for specific didactic or skill-training experiences which may occur in the afternoon.

Suspected Student Substance Abuse

Background

The College of Medicine is committed to the health and well-being of patients and of its students. As part of this commitment, The COM complies with and upholds all federal, state and local laws that regulate or prohibit the possession, use or distribution of alcohol or illicit drugs. Students who are impaired by substance abuse endanger patients,

themselves, faculty and staff, and other students. Substance abuse shall be defined as: 1) The use or possession of any drug in a manner prohibited by law; and 2) The use of alcohol or any legal drug or other substance in such a way that the user's performance as a professional student is impaired. The COM recognizes that early treatment is essential for successful rehabilitation and recovery for students with substance abuse. Students are encouraged to voluntarily request referral for treatment before their substance abuse leads to academic or disciplinary problems.

Policy

The College of Medicine policy appropriately establishes substance abuse guidelines and procedures that are similar to those already in place for all other employees of the hospitals in which medical students work. Students are prohibited from engaging in substance abuse.

Testing for designated substances will occur on a scheduled basis during first-year orientation and before entrance into clinical duties in the third year of medical school. The College administration also reserves the right to drug test a student at any time that he or she is suspected of substance abuse (on "For Cause" basis) as outlined in Section 14 of this handbook. Prior to testing, students are asked to disclose any substance use and prescription medications to the College administration, who will keep this information confidential. Faculty who suspect a medical student of intoxication should immediately contact the Associate Dean for Student Life (292-5126) to set up "for cause" drug testing.

10. EDUCATION SUPPORT AND TEACHING RESOURCES

There are many resources for faculty to assist in the provision of support to students and the development of faculty teaching and education skills.

COM Education Administration:

Faculty can contact any of the administrative staff for the medical student educational mission including:

Daniel M. Clinchot MD - Vice Dean for Education

John Davis PhD, MD – Associate Dean for Medical Education

Joanne Lynn MD – Associate Dean for Student Life

Carol Hasbrouck – Assistant Dean for Medical Education and Clinical Skills

Faculty should be aware of the College of Medicine support staff for medical students and feel free to contact them for advice and assistance with student issues. Any urgent or serious concerns regarding student professional behavior or health should be addressed immediately to the clerkship/ course director or directly to Dr. Joanne Lynn, Associate Dean for Student Life, 292-5126, (pager 303-8415).

Office of Student Life:

http://medicine.osu.edu/students/life/about_us/staff/pages/index.aspx

The COM Office of Student Life is an excellent resource for faculty for assistance with various student issues. Faculty may wish to refer students to the following members of the Student Life team or contact with questions:

- Medical student Personal Counseling
 - Lora Eberhard MS, PCC (292-3340, 138 Meiling Hall) is the COM personal counselor for medical students and can see students for personal issues such as anxiety, depression, and adjustment to traumatic experiences.
- Medical Student Academic Counseling
 - Pamela Cohen MHS, LPC (293-9158, 138 Meiling Hall) is the academic counselor and can work with students on problems with exam preparation and test-taking skills, organization, time management, etc. She also coordinates the medical student tutor team and board preparation efforts.
- Career Advising
 - Jane Trask (292-4814, 015 Meiling Hall) is the COM career advisor and can help with career guidance as well as provide information to faculty who are writing letters of recommendation for medical students applying for residency positions.
 - The AAMC Careers in Medicine (CIM) website offers resources to help medical students explore career options and information to help faculty advisors. (www.aamc.org/students/medstudents/cim)
 - The COM Student Life website has information about and faculty and staff contacts for each department who are willing to counsel students about medical careers in their specialty.
http://medicine.osu.edu/students/life/career_advising/pages/index.aspx

OSU COM Office of Medical Education

This office houses the staff members who support the educational mission and directly administrate each course or rotation in the medical school curriculum. They are a great source of information regarding educational objectives, methods, evaluation and policies.

<http://medicine.osu.edu/students/curriculum/ome/pages/index.aspx>

OSU COM Faculty Advancement, Mentoring and Engagement (FAME)

This resource is provided to all faculty members in the OSU College of Medicine to promote career development, enhance skills, and foster success.

<http://medicine.osu.edu/faculty/fame/pages/index.aspx>

OSU COM Center for Education and Scholarship

The Center for Education and Scholarship has many resources to assist faculty with development of their teaching skills. Especially helpful are the Faculty Development Program and the Educational Resources at this website.

<http://medicine.osu.edu/faculty/ces/pages/index.aspx>