Section 13: Student Mistreatment
Policy and Reporting

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 a mistreatment-free environment for all students, staff, volunteers, and physicians. The College maintains its commitment to prevent student mistreatment 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 mistreatment in a prompt, sensitive, confidential, and objective manner.

Mistreatment 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 mistreatment, one should consider if the activity or action is damaging, unnecessary, undesirable, 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 mistreatment. Furthermore, these examples may not always constitute mistreatment 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, gender identity, 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)
• Being requested to perform personal duties for supervisors (Examples: getting refreshments such as coffee or picking up cleaning)

**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
• For more detailed information regarding sexual misconduct/harassment, see section 15.

**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”)

**Mistreatment** 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. Mistreatment 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 affect one’s work because of disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.
MECHANISM FOR PROMPT HANDLING OF COMPLAINTS

Staff-to-Student Abuse

Academic program directors, committees, and staff work to create a learning environment that is mistreatment-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 members
- Block/Module/Course leaders (faculty)
- Program Coordinators (program office staff)
- Academic Program Directors (faculty)
- Any member of the Dean’s staff

Clinical clerkships and rotations have their own internal structure, based on mutual respect and a dedication to resolve issues of mistreatment at the most effective level, in the most timely manner. Often the clerkship/rotation personnel are the most effective at resolving mistreatment situations that occur in the third and fourth years. Specifically, students should contact the appropriate clerkship personnel based on the issue and the student’s comfort level including:

- Unit director/Ring director of integration (faculty)
- Program Specialist or Coordinator (staff)
- Chief Resident
- Department Chair (faculty)

Students may report an incident that occurred in a clerkship to personnel outside the clerkship if they feel more comfortable doing so. 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, medical center, department, and divisional mechanisms, the College has established a position of Student/Faculty Liaison. Lora Eberhard is available to all students by visiting 138A Meiling (370 W. 9th Avenue), calling 614-292-3340 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 mistreatment 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 mistreatment directly by contacting Joanne Lynn, MD, Associate Dean for Student Life, in 155 Meiling Hall (370 W. 9th Avenue), by calling 614-685-3059 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. In addition there is a tab labeled “Report Student Mistreatment or Learning Environment Concerns” on the COM Office of Student Life webpage https://medicine.osu.edu/students/life/pages/index.aspx. Reports made through this tab can be made anonymously if the reporter does not fill in their name and the information will be sent to Dr. Lynn by email to investigate.

All reports of sexual harassment will be forwarded to the University office responsible for investigation. Other reports of alleged mistreatment 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.

**Student-to-Student Mistreatment**

**Honor and Professionalism Council Review Board (HPC).** If a student feels that the mistreatment involves a breach of ethical behavior under the Student Honor Code, that individual should report it to a Student HPC member to conduct an investigation. These types of mistreatment include student-to-student interactions, cheating, plagiarism, or misrepresentation of student work. Other acts of student-to-student mistreatment, such as sexual harassment or racial or ethnic discrimination, may be reported directly to the Associate Dean for Student Life, any faculty member, block/module leader, program coordinator/director, or other staff based on the issue and the student’s level of comfort.

**Monitoring for Patterns of Mistreatment or Unhealthy Learning Environments**

**Lead.Serve.Inspire Part One, Two and Three Academic Program Committees**

These committees are responsible for reviewing the college and hospital learning environment and making changes to constantly improve it. Patterns of mistreatment that may not be reportable as a specific incident, but are more of an overall pattern or environment are also addressed.

**Academic Advancement Committee**

The purpose of the Advancement Committee is to provide communication among representatives from Medical Education, Student Life, and Admissions to identify emerging problems, both for individuals and groups of students, so that the College can be “proactive” in addressing student needs. The Advancement Committee is a subcommittee of the Academic Standing Committee.

**Associate Dean for Student Life**

All incidents of mistreatment, no matter where they occur or where they are reported, are summarized on a **Mistreatment Incident Report Form** (at the end of this section) and sent to the Associate Dean for Student Life. This helps to assure that patterns of mistreatment are known
Mechanisms for Resolution of Reports of Student Mistreatment

Whenever an incident of mistreatment is reported, the College shall attempt to resolve the issue in a rapid and efficient manner, thereby maintaining a healthy teaching and learning environment. Depending on the incident, a variety of pathways to resolution may be chosen. The majority of the complaints against faculty or residents can be dealt with on a departmental basis, with feedback to the faculty member or resident from the clerkship director or department chair. More complex issues involving hospital personnel, community hospitals, or non-faculty mistreatment incidents may require interaction with departmental or divisional education committees, hospital educational offices, hospital ethics committees, directors of nursing, hospital administrators, or section/division heads.

The Associate Dean for Student Life, through the Mistreatment Incident Report Form, will monitor the resolution of these incidents to assure that appropriate procedures are followed at all times and, where necessary, refer them to the appropriate University resources.

EDUCATIONAL METHODS AIMED AT PREVENTING STUDENT MISTREATMENT

Student Education

The Medical Student Handbook explains, among other things, issues of abuse, non-cognitive standards, the honor code, student rights, and policies for dealing with abuse issues. It is updated periodically by the Office of Student Life and available on the College’s website.

The Lead.Serve.Inspire. Part One Curriculum includes modules, required of all Med 1 and 2 students, on the topic of mistreatment. Specific readings, lectures, and small-group, case-based learning events are designed to address a wide variety of issues related to mistreatment: human development; sexuality; ethics; violence; dependency; diversity (e.g., cultural, spiritual, gender, ethnic, gender identity and sexual orientation); disability and stress.

Parts Two and Three. Statements of what constitutes mistreatment and mechanisms for resolving mistreatment issues are printed in the Part Two and Three Academic Program Handbooks, in individual ring syllabi, and in residency program training material.

Staff Education

Hospital Staff. Since residents and nurses do not work directly for the College, but work for OSU Wexner Medical Center, the College will suggest to the hospital, and to the individual residency programs, activities that they may wish to undertake to sensitize their staff to student abuse. Staff should be educated as to the prevalence and types of mistreatment that have been
Specific actions that attending physicians and residents can take to ensure a professional and mistreatment-free environment include:

1. Be certain that all members of the healthcare team know their roles and expectations, incidences of mistreatment are discussed, and that students know the appropriate mechanisms by which they can report unprofessional behavior.

2. When house staff, faculty, or attending physicians 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.

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 healthcare 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, bisexual, and transgender 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 ring, rotation or faculty evaluation processes, be sure to include items on mistreatment 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.
Student Life Office. In addition to other student services and housing the student/faculty liaison position, the Office of Student Life will report major College policy changes designed to address abusive situations to the hospitals and departments.

EXISTING APPLICABLE NATIONAL, PROFESSIONAL, UNIVERSITY, AND COLLEGE POLICIES AND OFFICES

- American Medical Association Section on Medical Schools/AMA Student and Residency Sections.
- Office of Student Life of The Ohio State University written policy on the climate of mutual respect in the workplace.
- 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.
- The College of Medicine counselor is available by calling 614-292-3340 or by coming to 138A Meiling Hall (370 W. 9th Avenue). A policy of privacy and confidentiality is maintained.
TEACHING AND LEARNING ENVIRONMENT
INCIDENT REPORT FORM

Please complete and forward this form marked CONFIDENTIAL to:

Associate Dean for Student Life
155 Meiling Hall
370 W. 9th Avenue
Columbus, OH  43210

1. When and where did the incident occur?
   Date:
   Location:

2. Who was involved in the incident? Please provide names and positions.

   Does the complainant wish to remain anonymous?  ___ Yes  ___ No
   Action cannot be taken on individual anonymous complaints. Anonymous complaints will be
   filed and reviewed to monitor for patterns of mistreatment.

3. Who witnessed the incident?

4. What occurred in the incident?

Continued on next page.
5. What was done to resolve the incident?

6. Was the incident resolved to all parties’ satisfaction?  ___ Yes  ___ No

7. If No, what further action do you recommend?