

Policy of the Graduate Medical Education Committee**Section: Educational Administration****Subject: Appropriate Treatment of Residents in an Educational Setting****Number: 1.500****Date Developed: 5/03****Date Review/Revision: 4/2006, 1/2008, 1/2013, 5/2014****ACGME Requirement: Institutional II.B.; III.A., III.B.6; IV.D.; Common II.A.4.a); II.A.4.k); II.B.1.b); VI.A.2.; VI.D.4.; VI.F.****Purpose and Introduction**

It is the philosophy of the University of Arkansas for Medical Sciences College of Medicine that optimal learning occurs in an atmosphere of mutual respect. The medical learning environment is expected to facilitate residents' acquisition of the professional attitudes necessary for effective caring and compassionate health care. The development and nurturing of these attitudes requires mutual respect between teachers (including faculty, residents, nurses, and staff) and residents (includes fellows) at all levels, and between each resident and his or her fellow residents. It is the responsibility of the Faculty and the College to provide a proper atmosphere for education; it is the responsibility of the resident to develop and maintain personal honor and integrity, as well as compassionate and ethical behavior. Residents must pledge their utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by their Residency (includes Fellowship) Programs.

This policy is set forth to promote and assist in the maintenance of an optimal learning environment and to affirm the importance of collegiality and respect for others within the teacher/learner relationship. The policy is based on the following commitments of the teachers and the learners.

Responsibilities of the Faculty

- demonstrate the professional virtues of fidelity, compassion, integrity, courage, temperance and altruism
- maintain high professional standards in all interactions with patients, colleagues, and staff
- ensure that all components of the residents' educational program are of high quality
- ensure an environment of inquiry and scholarship through nurture of the residents' intellectual and personal development
- respect residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation
- support the residents' well being
- be intolerant of abuse or exploitation of residents
- encourage residents who experience mistreatment or who witness unprofessional behavior to report the facts immediately to appropriate faculty or staff; treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind
- devote sufficient time to the educational program in order to fulfill supervisory and teaching responsibilities
- maintain current certification and licensure

Responsibilities of the Residents

- demonstrate the professional virtues of fidelity, compassion, integrity, courage, temperance and altruism
- embrace the highest standards of the medical profession and maintain high professional conduct in all interactions with patients, colleagues, and staff

- strive to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty
- respect faculty members, students, residents, patients and medical staff as individuals, without regard to gender, race, national origin, religion, or sexual orientation
- demonstrate accountability and responsibility in the educational program and in the care of patients
- assist fellow residents and students in meeting their professional obligations

Definition

Mistreatment is behavior that adversely affects the learning environment and negatively impacts the resident/faculty relationship. Inappropriate and unacceptable behaviors promote an atmosphere in which abuse is accepted and perpetuated in residency training. In general, actions taken in good faith by faculty to correct unacceptable performance is not considered mistreatment. Pointing out during rounds, conferences, operating rooms, or other settings that a resident is not adequately prepared for his/her assignments or required learning material is **not** mistreatment unless it is done in an inappropriate manner. Examples of mistreatment include, but are not limited to:

- Harmful, injurious or offensive conduct
- 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., shopping, babysitting)
- Threatening with a lower or poor evaluation for reasons other than performance
- A pattern of intentional neglect or a pattern of lack of communication
- Disregard for resident safety
- Unnecessary or avoidable acts or words of a negative nature inflicted by one person on another person or persons intended to cause humiliation.

Exclusions from this Policy

Specifically, this policy is not intended to include complaints of sexual harassment or complaints of discrimination on the basis of disability, race, color, sex, creed, veteran's status, age, marital or parental status or national origin. The Graduate Medical Education Committee defers to the UAMS Institutional Policies 3.1.05 and 3.1.10 to address these complaints (<http://www.uams.edu/AdminGuide/index.html>).

Procedure for Reporting and Dealing with Allegations of Mistreatment

Residents must pursue violations of this policy in accordance with the following procedure:

- Stage 1:** When it is felt that an incident of mistreatment has occurred, the parties directly involved should try to resolve the matter themselves. Many such situations are amenable to resolution in this manner. However, it is acknowledged that this informal approach may fall short at times, because of reluctance of the resident with a complaint to directly interact with the accused, intransigence of the accused or differing perceptions of the incident by the parties involved. In such cases, the following steps shall be taken:
- Stage 2:** When the matter cannot be resolved in Stage 1, the resident should follow the program's procedure for addressing concerns in a confidential and protected manner (GMEC policy 1.400). Usually the procedure involves seeking assistance

from the faculty advisor or Program Director. The resident's faculty advisor or Program Director may be able to resolve the matter by counseling the resident with a complaint on appropriate steps to take, by directly intervening with the accused, or by referring the matter to the next stage. When the situation is elevated to Stage 2, anonymity of the resident and the accused can no longer be maintained. Nevertheless, confidentiality is critical, and no information may be given to those not directly involved in the process.

Stage 3: If the matter cannot be resolved at Stage 2, the faculty advisor, Program Director or the accuser (or a combination thereof) should directly consult the Chair of the Department. In the case where the accused is a faculty member, the Chair of the involved department should be notified so he/she can be involved in any discussions with the accused if appropriate. In a case where the accused is the Chair of a department, the Dean and Associate Dean for Graduate Medical Education should be notified.

At any time during Stage 3 or Stage 4, the Office of Human Resources may be consulted by any of the parties involved.

Stage 4: It is anticipated that most situations will be resolved in Stages 1, 2, or 3. For those unusual cases that are not resolved, the resident should discuss the problem with the Associate Dean for Graduate Medical Education or a representative of the Office of Human Resources. If the accused is outside the College of Medicine, the Associate Dean for Graduate Medical Education will communicate the problem to the accused's supervisor, and they will work together to determine the appropriate procedure for resolution.

A resident may not file a formal grievance according to GMEC policy, 1.410, Adjudication of Resident Grievance, until he/she has pursued the procedure described in Stages 1 – 4 above.

Protection from Retaliation

Every effort will be made to protect alleged victims of mistreatment from retaliation if they seek redress. Retaliation 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 will be handled in the same manner as accusations concerning other forms of mistreatment.

Malicious Accusations

A complainant or witness found to have been dishonest or malicious in making the allegation of mistreatment **may** be subject to disciplinary action.

Education

Education is the cornerstone in the prevention of resident mistreatment. A thorough and on-going effort should be made to inform all involved individuals about the appropriate treatment of residents, and of this policy dealing with alleged mistreatment. To that end, the following notification mechanisms will be utilized:

Medical Students – A separate policy regarding appropriate treatment of medical students will be included in the Student Handbook. A discussion of mistreatment in general will take place each year during freshman and junior orientations.

Residents – This policy will be included in the College of Medicine GME Resident Handbook located on the GME website (<http://medicine.uams.edu/current-residents/resident-handbook/>).

Faculty - Department Chairs and Program Directors are asked to ensure that all teaching faculty are aware of the College's philosophy on the appropriate treatment of residents and of this policy.

Nurses – The individual in charge of nursing at each of the major participating institutions is asked to make this policy known to the nurses in their institution by whatever means they feel the most appropriate.