

## **U.C. Davis School of Medicine Policy for Cultivation of an Optimal Learning Environment**

*Subtitle: Professionalism Toward Resident Physicians and Medical Students*

### **Primacy of Patient Care and the Educational Imperative**

Caring for the needs of our patients, and offering medical care to the best of our ability, supersedes other concerns. Nothing in this policy shall undermine the primacy of this obligation. We also seek to foster a supportive, responsible, fair and professional atmosphere conducive to learning. These goals can and should be, in practically all circumstances, mutually supportive. Furthermore, these goals represent an amplification of the University of California Statement of Ethical Values and an extension of the University of California Standards of Ethical Conduct as released on November 22, 2005, by UC President Robert Dynes and Regents Chairman Gerald L Parsky. (See [http://www.ucop.edu/ucophome/coordrev/policy/Stmt\\_Stds\\_Ethics.pdf](http://www.ucop.edu/ucophome/coordrev/policy/Stmt_Stds_Ethics.pdf) for details of each)

### **Desired Standard of Conduct**

Our U.C. Davis community cultivates a learning environment free of harassment, intimidation, disrespect, exploitation, and abuse. For ourselves and those around us, we strive for personal and professional excellence. We recognize our interdependent obligation to create supportive conditions, which foster such excellence. We shall treat one another with kindness, honesty, fairness and respect.

The charged, life-and-death issues, which we confront in modern healthcare, can sometimes test our commitment to such behavioral standards. Educational and healthcare professionalism demands our best efforts.

In educational activities and in conducting the academic dialectic, we weigh competing ideas, don't always agree with one another, and are expected to provide honest feedback regarding performance. We understand the sensitivity of such processes. Real or perceived ridicule/reprisal can seriously undermine the effort, and in some cases extinguish the fragile light of inquiry, innovation, and creativity. We commit to standards of civilized behavior and dialogue which encourage the best efforts of all involved.

Examples of specific violations of this standard may be found in Appendix A.

### **Ongoing Education to Promote a Positive Academic Environment**

Each department, in addition to state-mandated anti-harassment training, is expected to provide no less than two (2) annual lectures, retreats, or workshops dealing with professionalism, teaching skills, and resident/student mistreatment. Attendance shall be recorded. All faculty and all residents should make every effort to attend.

In addition, residents should participate in offered health-system-wide retreats/workshops dealing with subjects such as stress management; professionalism, educational mistreatment, teaching skills; and conflict resolution. In addition to departmental programs, residents should attend no less than one (1) of these additional system-wide activities annually.

The School of Medicine requires medical students to attend periodic scheduled class meetings dealing with topics such as professionalism, the educational environment, respect for patient's rights, the culture of medicine, and expectations in the medical work environment.

### **Policy Oversight and Periodic Reporting**

The Executive Associate Dean for Research and Education, working with the Committee on Student Progress, Department Chairs, and other committees, shall oversee implementation of this policy.

Annual reporting to the FEC at the end of the academic year is desired, as well as any additional ad hoc, issue-specific reporting deemed necessary.

With respect to the behavior of medical students, regular reporting by the Committee on Student Progress to the FEC shall be deemed sufficient, but any problems with respect to this policy are to be specifically highlighted.

### **Establishment of an Optimal Learning Environment Committee (OLEC)**

The Executive Associate Dean for Research and Education (EAD-R&E), working with the FEC, shall annually appoint a committee to deal with faculty, resident, and student referrals under this policy. In making appointments to the Committee, the Executive Associate Dean will be guided by considerations of continuity, experience, diversity, and sensitivity to the concerns of trainees and faculty.

This Committee shall be called the "Optimal Learning Environment" Committee (OLEC).

The OLEC shall consist of:

- Chair: appointee of the Executive Associate Dean for Research and Education
- Two (2) senior 4th-year medical students selected by their classmates
- Two (2) chief-level residents, ideally one from a medical and one from a surgical specialty
- One (1) graduate student (3rd year or beyond)
- One (1) nurse (R.N., clinically active)
- Three faculty members, one from the basic-science specialty, one from a medical specialty, and one from a surgical specialty.

The Committee will be advisory to the Executive Associate Dean for Research and Education and the appropriate Residency Program Director or Department Chair in questions regarding conduct of trainees, faculty, and staff. In referrals/complaints

directly involving medical students, such decisions shall be transmitted to the Committee on Student Progress. Such advisory decisions shall be communicated in writing as specified below.

Residency Program Directors and Department Chairs may be invited by the Executive Associate Dean for Research and Education to participate in further action, referral, monitoring, or review.

At the end of the academic year, the Committee Chair will submit an annual report to the FEC summarizing the nature of cases and issues considered during the year. It is expected that Departments and Residency Programs will incorporate lessons from any recent cases into the aforementioned educational curricula.

### **Procedure**

PRIOR to any OLEC referral, it is expected that parties will make every effort to honestly and professionally share their perspectives, and reach a productive, mutually acceptable resolution. Informal avenues can include direct discussion with the alleged offender, discussion with supervisory residents/attending(s) and/or with the appropriate course coordinator. An ombudsperson may also be involved.

Complaints relating to the area of sexual harassment will be referred to Sexual Harassment Information Center Counselors or designated Complaint Resolution Officers (see U.C. Davis campus website for information).

### **PROCEDURES FOR REFERRAL to the OLEC with specific complaint(s)**

1. When a trainee has exhausted the possibility of resolving a situation of perceived abuse or mistreatment using informal mechanisms, he/she will deliver the OLEC Chair a written description of the circumstances and the complaint. The complainant must be willing to be identified to the person against whom the complaint is directed.
2. The Chair shall decide whether the complaint merits further consideration.
3. Fact-finding with respect to an OLEC referral shall be organized by the OLEC Chair. Additional brief written statements from involved parties are invited, with return within 14 days requested.
4. Further fact-finding shall be limited to areas of factual disagreement. The Chair may appoint one or more individuals as special fact finders for a particular referral. Such fact-finder(s) shall conduct an investigation by interviewing the complainant, interviewing the accused, and interviewing any other persons who might have insight into the situation, such as witnesses.
5. Such fact-finder(s) shall report findings to the OLEC at its next scheduled meeting.
6. A written finding shall be drafted and approved by the OLEC. This finding shall clearly state that OLEC members, by majority vote, have concluded that:
  - violation of this policy did occur or
  - violation of this policy did not occur

7. Such advisory opinion shall be mailed to the appropriate supervisor (e.g., Residency Program Director or Department Chair in questions regarding conduct of trainees, faculty, and staff). In situations directly involving medical students, such decisions shall also be transmitted to the Committee on Student Progress. The supervisor shall transmit the OLEC finding directly to the involved parties. The responsible supervisor will provide a written response to the committee. Both the response and the committee's recommendation will be forwarded to the Executive Associate Dean for Research and Education.
8. The Executive Associate Dean for Research and Education will review the Committee's findings and the appropriate supervisor's response. He/she may recommend corrective action to the appropriate supervisory individual (e.g. Department Chair, Residency Program Director).

None of the procedures detailed above are intended to deprive the complainant or the accused of his or her rights to seek remedies through general University procedures.

### **Appeals**

OLEC decisions may be appealed to the committee in writing. Cases may only be reopened for further consideration by majority vote of the members.

If the complainant is dissatisfied with the results of the appeal, he or she then may also seek relief through general University processes.

### **Anonymity/Confidentiality**

Proceedings will be kept in confidence by the OLEC and not shared with parties other than those specified above. All individuals involved in the process should know and understand the need for confidentiality.

### **Retaliation**

Retaliation against those reporting mistreatment is, in itself a violation of this policy, and will not be allowed. Accusations that retaliation has occurred will be handled in the same manner as other OLEC referrals.

### **Malicious Accusations**

A complainant or witness found to have been dishonest or malicious in making allegations at any point during the investigation may be subject to an OLEC finding and/or separate disciplinary action.

### **Periodic Anonymous Surveys**

The Executive Associate Dean for Research and Education shall seek anonymous input from the resident physicians and medical students at least once per year with a survey concerning mistreatment. The results of such surveys shall be summarized in the report of the OLEC to the FEC.

This policy shall be reviewed two years from implementation.

## Appendix A: Definitions and Examples

Unprofessional treatment of students and/or residents can occur in a variety of forms and may seriously impair learning. This list is not meant to be definitive, and the committee anticipates that situations will be assessed based on context. Examples of unprofessional treatment, or frank mistreatment, can include:

1. Yelling or shouting at a student in public or private.
2. Critique which may reasonably be seen as demeaning, sarcastic or humiliating. [Explanatory note: experienced educators recognize that no one likes to have his/her behavior or decisions criticized; such criticism is expected as part of the educational process, however. Criticism must therefore be offered in a positive, supportive way, and with sensitivity. The very act of criticism can easily be misinterpreted and can poison the educational environment if not done correctly].
3. Assigning non-instructive duties as punishment.
4. Unwarranted exclusion from otherwise reasonable learning opportunities which are offered to others.
5. Threats to fail, give lower grades, or give a poor evaluation for reasons unrelated to performance.
6. Asking students to carry out personal chores unrelated to patient care or educational activities.
7. Examples cited in the sexual harassment policy.
8. Repeated jokes, innuendos, or taunting remarks about one's body, attire, age, gender, ethnicity, sexual orientation, or marital status.
9. Intentional physical contact such as pushing, shoving, slapping, hitting, tripping, throwing objects at, or aggressive violation of personal space.