GUIDELINES ON PROFESSIONAL CONDUCT IN
THE TEACHER-LEARNER RELATIONSHIP

I. PREAMBLE

The University of Pittsburgh School of Medicine is committed to the principle that the educational process should be one of mutual respect between teacher and learner. Because the school trains people who will be entrusted with the lives and well being of others, we have a unique responsibility to assure that students learn in an environment that is conducive to learning.

Maintaining such an environment requires that the faculty, administration, residents, fellows, nursing staff and students treat each other with respect. Further, faculty and residents should realize that students depend on them for evaluations and references, which can advance or hurt their career development. Individual faculty and residents must take care not to abuse this power and to maintain fairness of treatment, avoiding exploitation or the perception of mistreatment and exploitation. The quality and worth of a University of Pittsburgh School of Medicine education rests not only in the excellence of the content and the skills that are taught, but in the example provided to students of humane physicians and scientists who respect their professional colleagues, their patients and one another.

II. RESPONSIBILITIES OF TEACHERS AND LEARNERS

The teacher-learner relationship confers rights and responsibilities on both parties. Behaving in ways that embody the ideal teacher-learner relationship fosters mutual respect, minimizes the likelihood of student mistreatment and optimizes the educational experience for students.

A. Responsibilities of Teachers

Be prepared and on time

Provide learners with current material.

Treat students fairly, respectfully and without bias related to their age, gender, sexual orientation, disability, religion or national origin.

Give students timely, constructive and accurate feedback.

Distinguish between the Socratic method, where insightful questions are a stimulus to learning and discovery, and overly aggressive questioning, where detailed questions are repeatedly presented with the endpoint of belittlement or humiliation of the student.

B. Responsibilities of Learners

Be courteous and respectful of others, regardless of their age, race, gender, sexual orientation, disability, religion or national origin.

Act in accordance with the University of Pittsburgh School of Medicine Student Honor Code.

Put the patients’ welfare first.

Know what is going on with your patient.
Take the initiative to educate yourself about their illness.
Put patients’ welfare ahead of your educational needs.
Know your limitations and ask for help when needed.
Maintain patient confidentiality.

III. DEFINITION OF ABUSIVE BEHAVIORS

The responsibilities of teachers and students listed in Section II constitute examples of respectful and professional behaviors. Some behaviors, which fall outside of these guidelines, are clearly abusive. More commonly, however, they represent poor judgment or inappropriate behavior. Determining whether a given behavior constitutes abusive
or inappropriate behavior is often a matter of perception. It involves a subjective assessment of the intentions of the doer and how the recipient perceived the behavior in question. Clearly abusive behaviors include:

A. Unwanted physical contact (such as hitting, slapping, kicking, pushing) or the threat of the same.

B. Sexual harassment (see the University of Pittsburgh policy on sexual harassment)

C. Discrimination based on age, race, gender, sexual orientation, disability, religion or national origin.

D. Requiring students to perform personal chores (i.e. running errands, babysitting, etc.).

E. Public humiliation or belittlement

F. Use of grading and other forms of assessment in a punitive manner.

**IV. WHAT TO DO IF YOU BELIEVE INAPPROPRIATE BEHAVIOR OR MISTREATMENT HAS OCCURRED**

While we believe that the principles articulated above are generally practiced and respected throughout the Medical School, we recognize that there are occasions when the intensity and pace of study and work, and the differing expectations of members of our diverse community may lead to perceived or real incidents of unprofessional behavior directed towards students. When this happens, the Medical School is committed to establishing the facts through a fair process, which respects the rights and confidentiality of the involved parties. Any individual who has concerns about unprofessional behavior on the part of a student may speak with the Associate Dean of Student Affairs or any member of the Honor Council to discuss options as described in the Student Honor Code policy. Students who have a concern about unprofessional behavior on the part of residents, faculty or other clinical staff are strongly encouraged to come forward and report perceived mistreatment without fear of retaliation or reprisal for doing so, and with the assurance that complete confidentiality will be maintained unless there is the potential of immediate harm to the student or to others.

**V. PROCEDURES FOR STUDENTS TO FOLLOW**

Several avenues are open to the student who experiences and incident of inappropriate behavior, mistreatment, physical or sexual harassment.

A. **Talking directly with the individual**

The student may consider speaking directly with the person. If the behavior stems from misunderstanding or ignorance, the person will often respond positively and stop. Open communication may clarify the problem and lead to a successful, informal resolution.

B. **University procedures for discrimination and sexual harassment**

The University of Pittsburgh has a set of guidelines and prescribed procedures for looking into incidents of alleged discrimination or sexual harassment. These procedures are published annually in the University handbook for all students and on the Student Affairs website. Students who experience discrimination or sexual harassment are encouraged to consult these guidelines and to follow the procedures developed by the University for these purposes.

C. **Informal Counseling and Guidance**

Students who wish to discuss an incident of mistreatment or inappropriate behavior have the option of going to the appropriate Course or Clerkship Director, the Associate Dean for Student Affairs, the Assistant Dean of Student Affairs and Minority Programs or any member of the Honor Council or SHARP Committee. This contact may help the student clarity the incident, gain perspective and/or identify options.
Students are assured that all such discussions will be held in strict confidence unless there is a potential of immediate harm to the student or to others. No contact will be made with the accused offender unless the student gives permission. If a student does not wish any further inquiry into an incident, the matter will not be pursued.

Informal resolution can be achieved by contacting any of the aforementioned individuals or with permission of the student, by referral of the concern to the Honor Council Advisory Committee. Any complaint determined to have merit which is settled informally by the course or clerkship director, Associate or Assistant Dean, or by the Advisory Committee may be relayed in writing to the Senior Associate Dean, Departmental Chair or Program Director as part of the informal agreement.

D. Referral to the Medical School for Resolution

If informal resolution is not successful or appropriate, a student may choose to refer the complaint to the Medical School for resolution. In this case, the student refers the complaint in writing to the Senior Associate Dean.

If after initial review and inquiry, it is determined that the complaint has merit, the Senior Associate Dean will appoint an Ad Hoc Committee comprised of faculty and peers of the accused to hold a hearing.

In order to preserve students’ confidentiality there will be no required student membership on the Committee. However, students who bring an incident to the attention of the committee may request to have their Honor Council representative sit as a member of the Committee for the consideration of the particular incident. (Does the student also get to vote or do they just sit?)

Students may also request that a special student advocate of their choosing attend the Committee during the hearing of the incident. (Is this how a student advocate is chosen)

The accused will be notified in writing of the complaint and will be invited to attend the hearing. A confidential copy of the notification will be sent to the accuser’s Departmental Chair (for faculty and residents) and/or the Training Program Director (for residents).

Procedure for Formal Resolution

The Ad Hoc committee will meet to review the facts of the complaint, and may receive written or oral testimony. The committee will hold all materials confidential. The accused may attend the hearing and will be offered the opportunity to rebut the complaint. The Chair of the Ad Hoc committee will submit a written report of the Committee’s findings to the Senior Associate Dean. The Senior Associate Dean will notify the accused and the student in writing of the findings. The Department Chair and/or Program Director will be responsible for determining disciplinary actions. The Senior Associate Dean will be notified in writing of any disciplinary action taken. The Senior Associate Dean will keep record of the proceedings. All complaints of student mistreatment brought to the Senior Associate Dean will be crosschecked to determine if the accused has been cited previously. (What if the offender is a student? Who is responsible for discipline?)

VI. Appeals Process

If the accused is a faculty member and wants to appeal the decision of the Senior Associate Dean or the disciplinary action of the supervisor, a written appeal may be submitted to the Dean of the School of Medicine. If the accused is a resident physician, a written appeal may be submitted to the Associate Dean for Graduate Medical Education. (What if the offender is a student? Who is responsible for discipline?)

VII. Retaliation

Retaliation against any member of the school community who comes forward in good faith with a complaint or concern is a serious violation of the School’s and the University’s standards of conduct and professionalism and will not be tolerated. If an individual believes that he/she is being subjected to retaliation as a result of coming forward with a concern or a complaint, he/she should consult the Associate Dean for Student Affairs or the Assistant Dean for Student Affairs and Minority Programs.
VII. Education

An important aspect in assuring proper treatment of students in an academic and clinical environment is education, both in particular cases of communication or misunderstanding, but also more broadly to the School community as a whole. Special efforts will be made to convey this policy and provoke discussion and awareness of its implementations and meaning to groups with significant involvement with the education of medical students. These include faculty, fellows, residents, and nursing personnel. Both formal and informal channels of communication will be used to assure that students and faculty know the guidelines and that students know what steps to take if they need to avail themselves of the procedures.

All students will receive a copy of the Guidelines upon registration and they will be discussed during first year orientation. Also a discussion of the Guidelines led by Honor Council faculty and students, which include outgoing third year medical students, will take place as part of the Orientation to the Clinical Years, at the time of transition from the second and third year. This is a highly effective way to assure that students begin their clinical rotations with an understanding of their right to expect fair and respectful treatment and their recourse to official action in the case of mistreatment.

The Guidelines will be distributed to every faculty member and will be posted on the Websites of the Dean of Faculty of Medicine and the Office of Student Affairs.

The Associate Dean for Student Affairs or his/her designate will discuss the Guidelines with every Course and Clerkships Director who will be required, in turn, to discuss it with their teaching faculty. The Associate Dean for Graduate Medical Education or his/her designate will discuss the Guidelines with every Residency Director, who will be required, in turn, to discuss it with their house staff. They will also be incorporated into all orientations of ward attendings and house staff.

The Course Evaluation forms will now incorporate questions asking whether the students were informed of the Guidelines and whether they were treated with respect in the particular course.

To assure that the program of continuous education remains close to the current experience of our students, the Honor Council will be charged with recommending to the Dean ways in which the School can further foster an environment conducive to learning through continuing education, special programs or other measures. In doing this they will meet together with the Associate and Assistant Deans of Student Affairs to review the student reports they are receiving in order to identify any pattern or problem that may need to be addressed on a school-wide basis.