

Georgia Regents University

House Staff Policies and Procedures

Policy	Source
21.0 Appropriate Treatment of Medical Students & Residents	Graduate Medical Education Office

1.0 Purpose
To establish guiding principles for the appropriate treatment of medical students and residents at Georgia Regents University.

2.0 Procedure

The Georgia Regents University is a learning community comprised of students, interns, residents, fellows, faculty, other health care professionals, and staff whose goal is to enable each learner to achieve an education to his/her fullest potential, while providing quality patient care. A cornerstone of the educational community is the expectation that learners will be treated appropriately and with dignity. **The guiding principle of professional behavior of Georgia Regents University is the absolute requirement of “respect for other persons.”** In our diverse learning community, respect is to be demonstrated toward all individuals, regardless of race, ethnicity, national origin, gender, sexual orientation, or religion. Such a learning environment includes honest and constructive corrective feedback. Such feedback should be provided in a helpful, specific and accurate manner, focused on behaviors, and, when negative, given privately and respectfully.

Those providing feedback should do so mindful of the goal of helping the learner to improve. Those receiving feedback should do so graciously, with the assumption that it is given generously and in good faith. When inappropriate treatment is perceived to have occurred, learners must be able to communicate their concerns free from the fear of retribution. Academic growth often occurs best when the learner is challenged. Heated discourse and conflict are part of the academic environment of openness, and can be conducted in a civil and respectful way. See attachment AAMC “[Compact Between Resident Physicians and Their Teachers](#),” published in January, 2006.

2.1 Responsibilities of the Faculty

- 2.1.1 demonstrate the professional virtues of fidelity, compassion, integrity, courage, temperance and altruism
- 2.1.2 maintain high professional standards in all interactions with patients, colleagues, and staff
- 2.1.3 ensure that all components of the medical students’ and residents’ educational program are of high quality
- 2.1.4 nurture the medical students’ and residents’ intellectual and personal development and achievement of academic excellence
- 2.1.5 respect medical students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation
- 2.1.6 support the medical students and residents’ well being
- 2.1.7 be intolerant of abuse or exploitation of the medical students and residents
- 2.1.8 encourage medical students and 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 as possible and do not tolerate reprisals or retaliations of any kind

2.2 Responsibilities of the Medical Students and Residents Procedure

- 2.2.1 demonstrate the professional virtues of fidelity, compassion, integrity, courage, temperance and altruism

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- 2.2.2 embrace the highest standards of the medical profession & maintain high professional conduct in all interactions with patients, colleagues and staff
- 2.2.3 strive to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty
- 2.2.4 respect faculty members, students, residents, patients and medical staff as individuals, without regard to gender, race, national origin, religion, or sexual orientation
- 2.2.5 demonstrate accountability and responsibility in the educational program and in the care of patients

2.3 Definitions

Mistreatment is behavior that adversely affects the learning environment and negatively impacts the learner/faculty relationship. Inappropriate and unacceptable behaviors promote an atmosphere in which abuse is accepted and perpetuated in the learning environment. 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 learner is not adequately prepared for his/her assignments or required learning material is not mistreatment unless it is done in an inappropriate manner.

The following are some specific illustrations of behaviors that would promote appropriate treatment of medical students and resident, and behaviors that would be considered inappropriate:

Examples of appropriate behavior include:

- 2.3.1 Conducting all interactions in a manner free of bias or prejudice of any kind
- 2.3.2 Providing a clear description of expectations by all participants at the beginning of all educational endeavors, rotations and assignments
- 2.3.3 Encouraging an atmosphere of openness in which students and residents will feel welcome to offer questions, ask for help, make suggestions and disagree
- 2.3.4 Providing timely and specific feedback in a constructive manner, appropriate to the level of experience/training, and in an appropriate setting, with the intent of guiding students and residents towards a higher level of knowledge and skill
- 2.3.5 Focusing such feedback on observed behaviors and desired outcomes, with suggestions for improvement
- 2.3.6 Encouraging an awareness of faculty responsibilities towards all individual learners in a group setting
- 2.3.7 Providing an educational experience of the highest quality, along with the time, preparation and research necessary to achieve that goal
- 2.3.8 Basing rewards and grades on merit, not favoritism
- 2.3.9 Focusing constructive criticism on performance rather than personal characteristics of the student or resident
- 2.3.10 All staff at GRU affiliated hospitals are expected to adhere to the expectation to treat students and residents with dignity and respect.

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- 2.3.11 The acknowledgement by learners of course or rotation expectations and the responsibility for fulfilling those requirements to the best of one's ability. Asking for feedback from professors, interns, residents nurses, and attending physicians as appropriate
- 2.3.12 The acceptance of feedback provided by faculty in an objective manner and the incorporation of such feedback into future efforts so as to achieve the desired educational outcome
- 2.3.13 An understanding that feedback is given with the intention of helping to further the student's and resident's progress in meeting course and/or rotation expectations
- 2.3.14 Promptly and properly addressing, through appropriate administrative avenues, of any incidents and circumstances that fall outside the tenets set forth here
- 2.3.15 An honest and earnest effort to provide constructive criticism—written, verbal or otherwise-- to peers and supervisors, when such feedback is likely to enhance their colleague's skill as a physician

2.4 Examples of inappropriate treatment include:

- 2.4.1 Questioning or otherwise publicly addressing students or residents in a way that would generally be considered humiliating, dismissive, ridiculing, berating, embarrassing or disrespectful by others
- 2.4.2 Asking students or residents to perform personal chores (e.g., buying lunch, running errands)
- 2.4.3 Telling inappropriate stories or jokes (e.g., ethnic, sexist, racist)
- 2.4.4 Behaving in an aggressive manner (e.g., yelling, throwing objects, cursing, threatening physical harm) that creates a hostile learning environment. Assigning tasks or denying educational opportunities with the intent of punishment
- 2.4.5 Making disparaging comments about students, residents, faculty, patients or staff
- 2.4.6 Touching students or residents in a sexual manner
- 2.4.7 Taking credit for a student's or resident's work
- 2.4.8 Intentional neglect

Under no circumstances will Georgia Regents University consider it acceptable practice for faculty to demonstrate bias, prejudice, exclusion, or other unprofessional behavior such as humiliation towards our medical students or residents. Such unacceptable behavior includes the creation of a concern of "retaliation" by faculty for the filing of a complaint for unprofessional behavior.

Likewise, students and residents must appreciate that the provision of constructive feedback in a professional anobjective manner by faculty is a desirable means of providing them with guidance in the learning process – such feedback is encouraged and in the best interests of our educational system for both medical students and residents.

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, martial or parental status or national origin. GRU has specific campus policies to address these complaints.

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2.5 Procedure for Reporting and Dealing with Allegations of Mistreatment that Involves Residents

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

2.5.1 Step 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 medical student 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:

2.5.2 Step 2

When the matter cannot be resolved in Step 1, the resident should follow the training program's procedure for addressing concerns in a confidential and protected manner. Usually the procedure involves seeking assistance from the faculty advisor or Program Director. The medical student'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 Step 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 that are not directly involved in the process.

2.5.3 Step 3

If the matter cannot be resolved at Step 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 Senior Associate Dean for Graduate Medical Education and VA Affairs should be notified.

2.5.4 Step 4

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

2.6 Procedure Reporting and Dealing with Allegations of Mistreatment that Involves Medical Students

2.6.1 Step 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 student 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:

2.6.2 Step 2

When the matter cannot be resolved in Step 1, the student is urged to seek the counsel of their faculty advisor. The student's faculty advisor may be able to resolve the matter by counseling the student 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

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to Step 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 that are not directly involved in the process.

2.6.3 Step 3

If the matter cannot be resolved at Step 2, the faculty advisor and student 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 Student Affairs should be notified.

2.6.4 Step 4

It is anticipated that most situations will be resolved in Steps 1, 2, or 3. For those unusual cases that are not resolved, the student should discuss the problem with the Associate Dean for Student Affairs. If the accused is outside the College of Medicine the Associate Dean for Student Affairs will communicate the problem to the accused's supervisor, and they will work together to determine the appropriate procedure for resolution.

2.7 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.

2.8 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.

2.9 Education

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

2.10 Medical Students

A written copy of the policy regarding appropriate treatment of medical students will be included in the packet information provided to students at Freshman Orientation. A discussion of mistreatment in general will take place each year during freshman and junior orientations, which will be presented to the matriculating students by the Associate Dean for Student Affairs. During the orientation, students meet with their faculty advisors and their advisors will also be provided a copy of the policy. Students also have a formal orientation to their clinical years and the policy will be reiterated during junior orientation by the Associate Dean for Curriculum.

2.11 Residents

This policy will be included in the Medical College of Georgia GME Resident Handbook located on the GME website (www.gru.edu/resident) and a hard copy will be provided to each incoming and returning resident with their agreement of appointment. A discussion of mistreatment in general, as well as of the policy in particular, will take place each year at Housestaff Orientation/Registration. Each Program Director will be encouraged to include this policy in their individual residency-training program's handbook.

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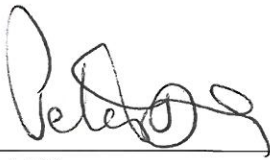
2.12 Faculty

An informative written message will be sent each year from the Dean's office to all department chairs and program directors asking them to convey this information to all teaching faculty and to ensure that all teaching faculty are aware of the University's philosophy on the appropriate treatment of resident and of this policy.

2.13 Nurses

An informative written message will be sent each year from the Dean's Office to the individual in charge of nursing at each of the major participating institutions utilized by our residents. They will be asked to make this information, and this policy in particular, known to the nurses in their institution by whatever means they feel the most appropriate.

Approved by Medical College of Georgia Graduate Medical Education Committee, Curriculum Oversight Committee, Executive Committee, and GRU Legal Office (July 2007)



Peter F. Buckley, M.D.
Dean, Medical College of Georgia

12/10/14
Date



Walter J. Moore, M.D.
Senior Associate Dean, Graduate Medical Education and VA
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12/15/14
Date

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Compact Between Resident Physicians and Their Teachers

January 2006

www.aamc.org/residentcompact

The *Compact Between Resident Physicians and Their Teachers* is a declaration of the fundamental principles of graduate medical education (GME) and the major commitments of both residents and faculty to the educational process, to each other and to the patients they serve. The Compact's purpose is to provide institutional GME sponsors, program directors and residents with a model statement that will foster more open communication, clarify expectations and re-energize the commitment to the primary educational mission of training tomorrow's doctors.

The Compact was originated by the AAMC and its principles are supported by the following organizations:

Accreditation Council for Graduate Medical Education
American Academy of Allergy, Asthma and Immunology
American Academy of Dermatology
American Academy of Family Physicians
American Academy of Physical Medicine and Rehabilitation
American Association for Thoracic Surgery
American Board of Medical Specialties
American College of Obstetricians and Gynecologists
American College of Physicians
American Gastroenterological Association
American Hospital Association, Committee on Health Professions
American Medical Women's Association
American Orthopaedic Association
American Osteopathic Association
American Pediatric Society
American Society for Reproductive Medicine
Association of Academic Health Centers
Association of Academic Physiatrists
Association of American Medical Colleges
Association of Departments of Family Medicine
Association of Medical School Pediatric Department Chairs
Association of Professors of Dermatology
Association of Professors of Gynecology and Obstetrics
Association of University Anesthesiologists
Association of University Professors of Ophthalmology
Association of University Radiologists
Council of Medical Specialty Societies
Federation of State Medical Boards
National Board of Medical Examiners®
National Resident Matching Program
Society of Chairmen of Academic Radiology Departments
Society of Teachers of Family Medicine
Society of University Otolaryngologists-Head and Neck Surgeons

Compact Between Resident Physicians and Their Teachers

Residency is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and complete a supervised period of residency training in a specialty area. To meet their educational goals, resident physicians must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising resident education, faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical enterprise.

Core Tenets of Residency Education

Excellence in Medical Education

Institutional sponsors of residency programs and program faculty must be committed to maintaining high standards of educational quality. Resident physicians are first and foremost learners. Accordingly, a resident's educational needs should be the primary determinant of any assigned patient care services. Residents must, however, remain mindful of their oath as physicians and recognize that their responsibilities to their patients always take priority over purely educational considerations.

Highest Quality Patient Care and Safety

Preparing future physicians to meet patients' expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing resident education is the provision of high quality, safe patient care. By allowing resident physicians to participate in the care of their patients, faculty accept an obligation to ensure high quality medical care in all learning environments.

Respect for Residents' Well-Being

Fundamental to the ethic of medicine is respect for every individual. In keeping with their status as trainees, resident physicians are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, residents must be allowed sufficient opportunities to meet personal and family obligations, to pursue recreational activities, and to obtain adequate rest.

Commitments of Faculty

1. As role models for our residents, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for resident physicians are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of residents, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all residents as individuals, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
5. We will do our utmost to ensure that resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.
6. We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare residents to function effectively as members of healthcare teams.
7. In fulfilling the essential responsibility we have to our patients, we will ensure that residents receive appropriate supervision for all of the care they provide during their training.
8. We will evaluate each resident's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
9. We will ensure that resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.
10. We will nurture and support residents in their role as teachers of other residents and of medical students.

Commitments of Residents

1. We acknowledge our fundamental obligation as physicians—to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.
2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.
3. We embrace the professional values of honesty, compassion, integrity, and dependability.
4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
5. As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.
6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.
7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.
8. We also will provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.
9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.
10. In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.

This compact serves both as a pledge and as a reminder to resident physicians and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.

For more information about the Compact, go to www.aame.org/residentcompact