

Policy on Appropriate Treatment of Learners and Trainees at Duke University Health System

Duke University Health System (DUHS) is committed to creating and maintaining a positive learning environment for learners and trainees that is respectful and appropriately attentive to their learning needs. The environment should be free from conduct by faculty, supervising residents, other trainees, and staff that could be interpreted as mistreatment. Behavior that is determined to have violated this stated expectation will be managed as described below.

Policy Rationale

In 2002 the “Compact Between Teachers and Learners of Medicine” was articulated by the Association of American Medical Colleges (AAMC) and this policy is designed to clarify and expand on the goals described in the Compact. Both this document and the Compact are based on the premise that trainees learn how to be professionals by observing and imitating their role models, and that therefore the teachers and supervisors in a medical school or health system have an obligation to convey professional values by demonstrating appropriate standards of behavior.

This policy is not intended to abridge the academic freedom of supervising faculty, and will be applied in a manner that protects those freedoms. It is consistent with the “[Code of Professional Conduct](#)” of the School of Medicine, the “[Duke Medicine Code of Conduct: Integrity in Action](#)”, and the “[Harassment and Discrimination Policy](#)” of Duke University. Under the “Policy on Appropriate Treatment of Learners and Trainees at Duke University Health System”, trainees could be considered teachers or learners, depending on the role they play in any specific situation.

Policy Standards

Code of Professional Conduct expected of those in a supervisory role includes:

1. taking responsibility for trainees assigned to one’s rotation or service, and ensuring a safe, fair, supportive, unbiased learning environment that respects trainees’ physical and social boundaries and encourages their development as medical professionals.
2. clearly communicating expectations, and applying consistent evaluation methods which are communicated in advance of trainee performance.
3. assigning tasks to trainees based on their knowledge, skills and experience.
4. providing supervision and appropriate remediation when trainees are not adequately prepared.
6. providing feedback to trainees in a timely, constructive, personalized and explicit manner.
7. abiding by and ensuring that supervised trainees abide by the ACGME’s clinical and educational work hour policies and other policies of the Training Program, ACGME, and Health System.
8. adhering to Duke University’s policies on [Harassment & Discrimination](#) and [Consensual Relationships](#).

Examples of conduct that is considered inappropriate in a supervisory role include, but are not limited to:

1. threatening or intimidating behavior or words (e.g. verbal threat of intent to harm, making a gesture as if to strike, screaming or yelling at a trainee, standing over a trainee or getting “in his/her face”).
2. using obscenities, profanity, or racially/culturally-derived/gender-based terms or names directed at a trainee, OR using such verbal expressions so as to create a negative environment even if not directed at the learner. (e.g. cursing at a trainee or other members of the team, using a gender- or racially-charged epithet to refer to a trainee).
3. using threatening or obscene gestures, cartoons, or jokes in the presence of a trainee.
4. degrading a person or group on the basis of a personal or cultural characteristic (e.g. “people like you are all stupid”, “your people all expect me to read your minds”).
5. requiring trainees to perform personal services at any time (e.g. get me coffee, pick up my laundry, pet-sit, pick up something I forgot in my office, listen to my personal problems).
6. inviting trainees who are being currently supervised or evaluated, to romantic or sexual relationships; sexual assault, or sexual or gender-based discrimination or harassment through words, gestures, and behaviors (e.g. inviting on a date, commenting repeatedly on attractiveness of clothing, making sexually suggestive comments or gestures, inappropriate touching).
7. taunting, mocking, or humiliating a trainee through acts and words (e.g. mimicking something the trainee got wrong, giving highly pejorative feedback in the presence of others).
8. using aggressive questioning to the point of badgering or humiliation in the guise of the “Socratic method” (e.g. after questioning the learner to the limits of his/her knowledge, persisting in asking the same or more difficult questions the learner can’t answer for the purpose of humiliation).
9. endangering the safety of a trainee (e.g. inflicting physical harm, requiring the trainee to go somewhere unsafe or to be exposed to dangerous objects or substances without education and proper protection, asking trainees to perform tasks they are not trained to do, telling a trainee not to report an occupational exposure).
10. endangering the trainee’s professional development (e.g. telling trainees to ignore institutional or health system policy, inviting trainees to do something unethical or illegal).

11. evaluating trainees or learners based on factors other than performance on previously announced criteria; creating disadvantage in learning opportunities; teaching or evaluating based on personal characteristics of the trainee (e.g. giving a better recommendation because someone is interested in your area of expertise or because you like him/her best)
12. acting in retribution against any trainee who reports perceived inappropriate treatment (e.g. telling others that a trainee is a “snitch” or to “watch out for that one”, giving the trainee an evaluation less than s/he deserves, calling future training programs or employers to “warn” them about a learner)

Reporting of Inappropriate Treatment in the Supervisor-Trainee Relationship

Perceived inappropriate treatment of a GME trainee, either experienced or witnessed, should be reported using one or more of the following methods:

- via the GME-Committee on Appropriate Treatment (GME-CAT) [link](#) (found in MedHub and the [GME website](#)) for Graduate Medical Education (can be anonymous)
- verbally or in writing to the supervising faculty member at the time when the inappropriate treatment occurred
- verbally or in writing to a faculty advisor, program director, or any faculty member
- other reporting structures provided by the program
- to a member of the Graduate Medical Education Committee’s Resident Council
- to the Associate Director of Graduate Medical Education, or Director of Graduate Medical Education
- to the Duke University [Office of Institutional Equity](#)

Follow up of Reports of Inappropriate Treatment of GME trainees in Duke University Health System

Reports that are submitted to a department or the Office of Institutional Equity directly will be evaluated by those groups, in accordance with their practices. All reports of inappropriate treatment of GME trainees that are submitted to the GME-CAT link, committee, or GME staff will initially be evaluated by the GME-CAT for an initial determination of merit. This body will serve as a repository of reports from these sources and will therefore track whether multiple reports of inappropriate treatment by the same individuals occur. If a report warrants and provides enough information to support further action, GME-CAT will determine who should conduct the next step. If requested by the trainee, the timing of this investigation can be adjusted to protect the trainee, as long as doing so does not violate other institutional or state/federal policies. Possible choices for next steps by the GME-CAT include management by a GME-CAT member, referral to the DUHS Professional Accountability Program (PACT), and/ or referral to the Chair, Residency Program Director, or supervisor of the individual involved for potential action and for a reportback to GME-CAT of what action was taken.

The GME-CAT will determine an appropriate deadline for a response from the supervisor based on the urgency of the situation. If GME-CAT is not satisfied that an appropriate action has been taken to prevent

future inappropriate treatment by a supervisor, it will report its concern to the Director of GME/Designated Institutional Official who will refer the issue to the appropriate next level supervisor. In all cases, GME-CAT will report back to the person who reported the inappropriate treatment, if identified, that action has been taken on his/her report, though specific details of that action may not generally be revealed due to legal or confidentiality concerns.

Confidentiality and Anonymity of Reporting Mechanisms

While there are several anonymous and confidential ways to report inappropriate treatment of trainees, full disclosure of the persons involved and the behaviors witnessed can lead to more effective action to correct the problem. Therefore, we encourage full reporting of incidents of inappropriate treatment of trainees and people involved in them. However, anonymous reports will also be investigated to the extent that specific information is provided. The identity of trainees reporting inappropriate treatment can sometimes be protected by delaying action on the report until the trainee is no longer vulnerable based on his/her rotation schedule or by collating reports so that individuals cannot be identified.

The Health System will keep confidential all records of complaints and investigations to the extent permitted by law. However, *behaviors that violate Title IX of the 1972 Education Amendments to the Higher Education Act, which include discrimination or harassment based on sex or gender, must be reported by any person receiving such complaints so that they can be promptly acted upon in order to be compliant with Federal Law.* Behaviors that pose an immediate danger to others (e.g. violence or threats of physical violence, illegal drug use by caregivers in the clinical setting, deliberate violation of patient safety procedures) or are illegal (e.g. stealing narcotics, falsifying patient records) must also result in immediate reporting so that action can be taken.

Protection of Rights of those Reporting Inappropriate Treatment

The success of this policy and procedures in safe-guarding the learning environment depends on the timely reporting of incidents of inappropriate treatment. In all cases, retaliation, or the encouragement of another to retaliate, against the person making such a report or the trainee involved is strictly prohibited and, if found to exist, would become the focus of an investigation by the Office of Institutional Equity and possible sanctions including termination or dismissal.

Protection of the Rights of those Accused of Inappropriate Treatment

Intentional false, bad-faith, or malicious reports of inappropriate treatment filed by learners will not be tolerated and will be handled as a disciplinary matter. All reports of inappropriate treatment will be handled confidentially with the exceptions noted above, and in a manner that affords the accused individual(s) due process.

Approval:

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Revision

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