

## **Policy on Professionalism and the Learning Environment**

Rutgers Robert Wood Johnson Medical School is committed to professionalism and maintaining a positive academic and clinical learning environment.

Rutgers Robert Wood Johnson Medical School is committed to the highest standards of patient care and respectful interactions between faculty/staff/learners and patients.

Rutgers Robert Wood Johnson Medical School is committed to the highest standards of education and behavior concerning the teacher-learner relationship. We believe that teaching and learning should take place in a climate of mutual respect where learners are evaluated based on ability and academic performance.

Rutgers Robert Wood Johnson Medical School is committed to preventing learner abuse through education, by providing support for those subjected to mistreatment and by responding with corrective action.

The **Policy on Professionalism and the Learning Environment** addresses the behaviors required from all those who are in training sites, including faculty members, residents, nurses, staff, or students in a teaching role. It is intended to ensure an academic and clinical learning environment in which students, nurses, staff, volunteers, residents and faculty may raise and resolve issues without fear of intimidation or retaliation. It is also intended to set the standard by which members of the Rutgers Robert Wood Johnson Medical School community are evaluated in their demonstration of professional demeanor, sensitivity and respect towards patients, learners, physicians, and staff, and creation of a conducive academic and clinical learning environment.

The creation of a positive academic and clinical learning environment depends on the entire organization embracing the tenets of medical professionalism. Rutgers Robert Wood Johnson Medical School has adopted tenets of professionalism as put forth by the American Board of Internal Medicine Physician Charter (Medical Professionalism in the New Millennium A Physician Charter. *Ann Intern Med.* 2002;136(3):243-246. doi:10.7326/0003-4819-136-3-200202050-00012), modified and excerpted below:

*Professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above all, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. Essential to this contract is public trust, which depends on the integrity of individuals and the whole profession. Professional responsibilities include commitment to: professional competence; honesty; patient confidentiality; improving quality of care; improving access to care; distribution of finite resources; scientific knowledge; maintaining trust by managing conflicts of interests; and professional responsibilities, with the expectation to work collaboratively to maximize patient care, be respectful of one another, and participate in the processes of self-regulation, including remediation and discipline of members who have failed to meet professional standards.*

There is a special professional relationship between teachers and learners, with learners defined broadly (students, residents, graduate students, junior faculty, other health professions students, and including mentees in mentor mentee relationships). The following commitments of teachers and learners, modified from the 2006 AAMC publication: Compact between Resident Physicians and their Teachers, defines the Teacher Learner Relationship at Rutgers Robert Wood Johnson Medical School

## **Commitments of Faculty**

1. As role models for our learners, 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 learners 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 learners, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all our interactions. We will demonstrate respect for all patients and members of the health care team without regard to race, ethnicity, gender, gender identity, sexual orientation, religion, socioeconomic status, or disabilities; and we will cultivate a culture of tolerance.
5. We will do our utmost to ensure that learners have opportunities to participate in patient care activities, consistent with their level of training, of sufficient variety and with sufficient frequency to achieve the required competencies. We also will do our utmost to ensure that learners are not assigned excessive responsibilities and are not overburdened with services of little or no educational value.
6. We will provide learners with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare learners to function effectively as members of healthcare teams.
7. In fulfilling the essential responsibility we have to our patients, we will ensure that learners receive appropriate supervision for all of the care they provide during their training.
8. We will evaluate each learner'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 learners 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 learners in their role as teachers.

## Commitments of Learners

1. We acknowledge our fundamental obligation as physicians or physicians in training—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 our interactions. We will demonstrate respect for all patients and members of the health care team without regard to race, ethnicity, gender, gender identity, sexual orientation, religion, socioeconomic status, or disabilities; and we will cultivate a culture of tolerance.
5. As physicians or 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 appropriately supervise all of our interactions with patients.
6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents or fellows 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 peers, of supervising residents, fellows or 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 peer and other learners in meeting their professional obligations by serving as their teachers and role models.

## Inappropriate Behaviors

**Definition:** These inappropriate behaviors are disruptive to the academic and clinical learning environment and will not be tolerated:

- Mistreatment, abuse, or harassment will not be tolerated in the course of the teacher-learner relationship. Examples of inappropriate behavior or situations that would be unacceptable include: Unwelcome physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, or threats of the same nature
- Verbal abuse (attack in words, to speak insultingly, harshly)
- Derogatory or denigrating comments or behaviors related to race, ethnicity, gender, gender identity, sexual orientation, religion, socioeconomic status, people with disabilities, and other marginalized groups, among others

<https://www.stephens.edu/files/resources/microaggressions-examples-arial-2014-11-12-suewile.pdf>

- Racial microaggressions (“subtle statements and behaviors that consciously or unconsciously communicate denigrating messages to people of color” Nadal et Al. Journal of Counseling Psychology 2011)
- Inappropriate or unprofessional criticism intended to belittle, embarrass, or humiliate
- Requiring a learner to perform menial tasks intended to humiliate, control, or intimidate
- Unreasonable requests for a learner to perform personal services
- Grading or assigning tasks so as to punish a learner rather than to evaluate or improve performance
- Purposeful neglect or exclusion from learning opportunities as means of punishment
- Sexual assault or sexual harassment (Title IX Policy and Grievance Procedures, 60.1.33)
- Discrimination based on race, religion, ethnicity, sex, age, sexual orientation, and physical disabilities (refer to Policy Prohibiting Discrimination and Harassment, 60.1.12)
- Disregard for learner safety

### **Feedback for Inappropriate Behaviors: General Guidelines**

Rutgers Robert Wood Johnson Medical School affirms that feedback and constructive criticism are not only appropriate but also critical in the learning process but should be handled in such a way as to promote learning and avoid purposeful learner humiliation. Feedback that has negative elements is generally more useful when delivered in a private setting that fosters discussion and behavior modification. All feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling.

### **Communication of Complaints**

**Communication of the Complaint:** Given the sensitive nature of complaints and the perceived power differential in lodging complaints, multiple avenues must be provided for both direct and anonymous reporting of abuse or a negative learning environment. The faculty and administration must be able to assure learners that they will be “protected” when making truthful reports of abuse, even when their identity must be disclosed. Such responsible, confidential reporting is a professional obligation on the learner’s part as members of our educational community. This will help to create a better learning environment for all.

### ***RWJMS Standards of Professional Conduct in the Learning Environment***

The annually published Rutgers Robert Wood Johnson Medical School Student Handbook outlines inappropriate behaviors or situations as well as procedures to address an infraction of standards. Procedures include contacting the Dean of Student Affairs (for student issues), Dean of Graduate Medical Education (GME) (for resident issues), Senior Associate Dean of the Graduate School (for graduate student issues), Chief Nursing Officer (for nursing staff/hospital staff issues), or the University Ombudsperson. Formal complaint processes include, with the consent of the reporter, mediation with attempt at resolution, which may involve contacting the Department Chair, Program Director or Administrator; referral through the Dean to the Hearing

Body for Student Rights (for student-to-student abuse); or referral to the Rutgers Office of the Senior Vice President and General Counsel.

**Other Communications Avenues for Medical Students and residents:** There are a number of additional mechanisms by which medical students and residents are encouraged to report learning environment issues. There is an online reporting system where learners can report incidents which they have personally experienced or witnessed. Students may report anonymously, however, anonymous reporting may hamper follow-up reporting or resolution of some types of reports. These reports are immediately received by the chair of the professionalism committee, the student affairs deans, and the education deans for review, exploration, remediation and follow-up.

Students are expected to complete course and clerkship evaluations at the end of each course or clerkship. Residents complete similar evaluations after each rotation and other experiences as appropriate. These evaluations are reviewed regularly by the course and clerkship directors, departmental chairs and vice chairs, the Senior Associate Dean for Education and Academic Affairs and by the designated leaders for GME of the respective institutions. Additionally, students may speak with the course or clerkship directors, or make a report to the **Rutgers Compliance hotline (1-800-215-9664 or <http://generalcounsel.rutgers.edu/compliance/rutgers-compliance-hotline>)**.

**Procedures for reporting and resolving learning environment issues when individuals are not employees of the medical school or full-time or volunteer faculty:** All medical students, graduate students and residents have been given multiple avenues to report incidents, which include student affairs deans, other faculty, program directors, associate dean for GME, senior associate dean for the graduate school, etc. In the event that the person who caused the mistreatment is not faculty member or resident paid by the medical school, the following points of contact at each of the major clinical sites can be contacted by the UME, GME or graduate school officials or directly by the medical student, resident, graduate student. These points of contact will also serve when a nurse or other staff member, or other wants to report unprofessional conduct. Points of contact include the hospital Chief of Service, the Chief Nursing Officer, and the Senior Associate Dean for Education and Academic Affairs, who will direct complaints to the appropriate individuals.

## **Resolution Mechanisms**

Due to the sensitive nature of such complaints and the need to deal with these issues either without the consent of the reporter or without revealing the identity of the reporter, a number of mechanisms need to be in place for resolution and communication of the resolution of the issue.

**Formal Resolutions via University Policy:** Two complaints must be resolved at the University level.

### **1. Discrimination and Harassment**

University Policy on Prohibiting Discrimination and Harassment (Policy Prohibiting Discrimination and Harassment, 60.1.12)

## **2. Sexual Assault and Sexual Harassment**

(Title IX Policy and Grievance Procedures, 60.1.33) which outlines responsibilities of the student or employee, of the respondent, and of the supervisor of the respondent

**RWJMS Procedures for Resolution:** Once an alleged mistreatment has been identified there are multiple tiers of resolution.

Any actions identified in the University Policies on sexual assault, sexual harassment and other types of harassment must be reported and handled in accordance with the relevant policies noted above.

Resolution of reported actions which are not egregious or reported in an anonymous fashion will be up to the discretion of the course or clerkship director, residency program director or program director of the graduate program.

Resolution of reported actions that are recurrent or egregious will be reviewed by the Senior Associate Dean for Education and Academic Affairs who will convene the education or hospital leadership appropriate to the situation. Course and clerkship directors should evaluate program faculty and approve their continued participation in the medical student education program based on student evaluation. Residency and fellowship directors should perform similar functions.

Communication between directors in undergraduate medical education, graduate medical education programs and other disciplines is encouraged, especially if faculty participate in more than one program. The Senior Associate Dean for Education and Academic Affairs, the Associate Dean for Graduate Medical Education, and Department Chairs must be notified when resolution includes removing a faculty from the teaching service. The Senior Associate Dean for Education and Academic Affairs and/or the Associate Dean for Graduate Medical Education will decide which issues need to be brought to the attention of the Dean as appropriate.

**Communication of Resolution:** Once a negative learning environment or an alleged mistreatment of the learner by faculty, resident, nurse or peer has been reported, the course or clerkship director, residency program director, program director for the graduate program, Student Professionalism Committee Chair or Chair of the Professionalism Committee should take an appropriate action and then communicate the resolution as specified above. Resolution of direct complaints can be made directly. Anonymously reported events can be communicated to groups of learners, e.g., “the issue identified in your course/clerkship, evaluations regarding.....have been addressed.” A report of incidents, actions, and resolutions will be reported to the Executive Council of the Faculty and to the student body.

## **Monitoring and Assessment of the Academic and Clinical Learning Environment**

The ongoing student input into preclerkship course evaluations, CATS (clerkship evaluations) and the results of the annual AAMC Graduation Questionnaire (GQ) will be used to determine the overall status of the learning environment at the medical student level. A similar report based

on cumulative data from the residents' evaluations of their experiences will be generated. Summaries of these reports will be provided to the Executive Council on an annual basis. Other surveys will be used if needed to further elucidate areas of concern.

The feedback from student class meetings and more informal meetings will be collected to preserve anonymity and provided to the Senior Associate Dean for Education and Academic Affairs who will provide it to the Dean as needed. Feedback from the resident representatives to the Graduate Medical Education Committee and other more informal meetings will be provided to the Associate Dean for Graduate Medical Education and to the Dean as necessary.

Surveys will be examined not only for the overall results but also for areas that had previously been shown to be problematic. In addition, initiatives that are successful, as identified through the focus groups or surveys will be replicated wherever possible.

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