MISTREATMENT POLICY AND PROCEDURES

Policy Statement

Policy's Principles
The George Washington University School of Medicine and Health Sciences (“SMHS”) is committed to maintaining a positive environment for study and training, in which individuals are judged solely on relevant factors such as ability and performance, and can pursue their educational and professional activities in an atmosphere that is humane, respectful, and safe. The Code of Conduct in the Learning Environment establishes the expectations of faculty, residents, students, other health professionals, and staff in the learning environment.

Reason for Policy/Purpose

Policy's Objectives
This Mistreatment Policy and related procedures (“Policy”) are intended to inform members of the SMHS community about what constitutes learner mistreatment and what members can do should they encounter or observe it. In addition, the Policy is intended to: (i) prohibit learner mistreatment by any employee of the George Washington University (“the University”), the George Washington University Hospital (“Hospital”), or Medical Faculty Associates Inc. (“MFA”), including but not limited to faculty members (pre-clinical and clinical), clerkship directors, attending physicians, fellows, residents, nurses and other staff, and classmates in the SMHS community; (ii) encourage identification of learner mistreatment before it becomes severe or pervasive; (iii) identify accessible persons to whom learner mistreatment may be reported; (iv) require persons (whether faculty, staff, or student) in supervisory or evaluative roles to report learner mistreatment complaints to appropriate officials; (v) prohibit retaliation against persons who bring learner mistreatment complaints; (vi) assure confidentiality to the full extent consistent with the need to resolve the matter appropriately; (vii) assure that allegations will be promptly, thoroughly, and impartially addressed; and (viii) provide for appropriate corrective action.
The ultimate goal is to prevent learner mistreatment through education and the continuing development of a sense of community. But if learner mistreatment occurs, SMHS will respond firmly and fairly. As befits an academic community, SMHS’s approach is to consider problems within an informal framework when appropriate, but to make formal procedures available for use when necessary.

What Constitutes Learner Mistreatment
SMHS has defined mistreatment as behavior that shows disrespect for learners and unreasonably interferes with their respective learning process. Such behavior may be verbal (swearing, humiliation), emotional (neglect, a hostile environment), or physical (threats, physical harm). When assessing behavior that might represent mistreatment, learners are expected to consider the conditions, circumstances, and environment surrounding such behavior. Medical training is a rigorous process where the welfare of the patient is the primary focus that, in turn, may appropriately impact behavior in the training setting.

Examples of mistreatment include but are not limited to:

- Harmful, injurious, or offensive conduct;
- Verbal attacks;
- Insults or unjustifiably harsh language in speaking to or about a person;
- Public belittling or humiliation;
- Physical attacks (e.g., hitting, slapping, or kicking a person);
- Requiring performance of personal services (e.g., shopping, babysitting);
- Intentional neglect or lack of communication (e.g., neglect in a rotation of students with interests in a different field of medicine);
- Disregard for learner safety;
- Denigrating comments about a learner’s field of choice;
- Assigning tasks for punishment rather than for objective evaluation of performance;
- Exclusion of a learner from any usual and reasonable expected educational opportunity for any reason other than as a reasonable response to that learner’s performance or merit;
- Other behaviors which are contrary to the spirit of learning and/or violate the trust between the teacher and learner.

Violation of this Policy may lead to disciplinary action, up to and including expulsion or termination. Disciplinary action may be influenced by other relevant employment policies or procedures of the entities or individuals covered by this Policy.

Other mistreatment behaviors such as sexual harassment, discrimination based on race, religion, ethnicity, sex, age, disability, and sexual orientation will ordinarily not be covered under this Policy and instead will be covered by applicable policies and procedures of the University, Hospital, and/or MFA. The Senior Associate Dean for MD Programs or, in the case of health sciences students, the Senior Associate Dean for Health Sciences shall, however, have the authority to determine (on a case-by-case basis) whether or not an alleged form of mistreatment would be more appropriately covered under this Policy. When a resident or student is alleged to have engaged in learner mistreatment, the relevant decanal representative will determine whether such cases shall be handled under this Policy or policies on professional comportment.
Prevention and Dissemination of Information
SMHS is committed to preventing and remedying mistreatment of learners. To that end, this Policy will be disseminated among the SMHS community. In addition, SMHS will periodically sponsor programs to inform students, residents, fellows, faculty, administrators, nursing and other staff about learner mistreatment and its resulting problems; advise members of the SMHS community of their rights and responsibilities under this Policy; and train personnel in the administration of this Policy.

Consensual Relationships
Relationships that are welcomed by both parties do not necessarily entail mistreatment, and are not addressed by this Policy. Whether a relationship is in fact welcomed will be gauged according to the circumstances; special risks are involved when one party—whether a faculty member, staff member, or student—is in a position to evaluate or exercise authority over the other. Members of the SMHS community are cautioned that consensual relationships can in some circumstances entail abuse of authority, conflict of interest, or other adverse consequences that may be addressed in accordance with pertinent university policy and practice, including, but not limited to the University’s Nepotism in Employment Policy.

What To Do
If you believe you have been a victim of mistreatment or have witnessed mistreatment, there are two procedural avenues of redress are available to learners who believe that mistreatment has occurred: consultation and formal complaint. Often, concerns can be resolved through consultation. If the matter is not satisfactorily resolved through the consultation procedure, then the person who made the allegation of mistreatment or the person against whom the allegation was made may initiate a formal complaint.

Consultation Procedure
A learner who believes he/she has been mistreated or has witnessed mistreatment may discuss the matter with the person who has engaged in the behavior or with his/her department chair, the course or clerkship director, the residency director, a member of the decanal staff, the relevant staff supervisor, or the Ombudsperson who shall be consulted, when appropriate, by any of the foregoing persons. If unresolved, a formal consultation is available via the chair of the Clinical Learning Environment or Ombudsperson. The Ombudsperson or chair of CLE will provide a copy of this Policy to the person who has requested a consultation, respond to questions, and assist in developing strategies to address the matter. If the matter is successfully resolved to the satisfaction of the learner and the individual alleged to have mistreated the learner, no further action or investigation will be undertaken.

Formal Complaint Procedure
The formal complaint procedure is available when the consultation procedure fails to resolve satisfactorily the allegation of mistreatment. The person who made the allegation of mistreatment (the "Complainant") or the person against whom the allegation was made (the "Respondent") may initiate a formal complaint.

A formal complaint (“Complaint”) is initiated by submitting to the chairs of the Committee on the Learning Environment (CLE) a signed, written request to proceed with a formal complaint.
1. A Complaint will be heard by a four-member panel appointed by CLE. The panel will include two faculty members, one resident, and one student who are not members of the CLE. At least one faculty member and the student shall reflect the program(s) of the complainant and/or respondent.

2. Upon receipt of the Complaint, the chair of the CLE will notify the parties in writing or by email of the names of the panelists. Within five (5) business days of receipt of the notice, either party may submit to the chair of the CLE a written objection to designation of any panel member. The objection must clearly state the reasons for the objection. The chair of the CLE may, at his/her discretion, replace a challenged panelist with another member of the pool.

3. The panel will select a chairperson (“Panel Chairperson”) and set a hearing date and time. The hearing will be held within a reasonable time after the panel is appointed. The Panel Chairperson will notify the parties of the hearing date, time, and location.

4. The Panel Chairperson will preside at the hearing. Only persons participating in the proceeding and approved by the Panel Chairperson may be present during the hearing except as otherwise provided in these procedures. The panel may consider any information that it deems relevant and trustworthy. The Complainant and Respondent may submit written documents to the panel sufficiently in advance of the hearing to allow the panel time for review.

5. The panel will review the Complaint and all pertinent documents submitted to it by the Complainant and Respondent prior the hearing. The panel will interview the Complainant and the Respondent, provided that they agree to be interviewed. The panel also may gather and review other material and interview any other person who the panel, at its sole discretion, has reason to believe may have relevant information to the Complaint.

6. The Complainant and Respondent may have an advisor present at the hearing, but the advisor may not participate in the hearing. The hearing will be recorded or transcribed, but the executive session of the panel will not be recorded or transcribed. The Panel Chairperson will determine the manner of questioning, including whether the questions will be submitted in writing to the Panel Chairperson to ask the questions, and whether the questions submitted will be asked to the persons interviewed. The Complainant and the Respondent may suggest persons to be interviewed by the panel, but the decision to interview such persons is left to the sole discretion of the panel. The hearing should not become excessively legalistic and will not be conducted as criminal or civil trials. The legal rules of evidence, including but not limited to those rules regarding relevancy, hearsay, and admissibility are not applicable and the criminal and/or civil standards of due process are not controlling.

7. After the hearing, the panel will meet in executive session and make a decision regarding whether mistreatment occurred, as well as its recommendations for corrective or disciplinary action, if any. Neither the Complainant nor the Respondent, or their respective advisors, may be present during executive session. The panel decision about whether mistreatment occurred will be based upon the standard of preponderance of the evidence (more likely than not). The decision must be approved by a majority of the panel members. The decision will be in writing and shall include the panel’s findings and
the basis for its decision(s). It will also include the panel’s recommendations, if any, for corrective or disciplinary action. The Panel Chairperson will submit the decision to the chair of the CLE.

8. If the decision of the panel is that mistreatment occurred by a medical student, resident, or health sciences student, the chair of the CLE will promptly forward a copy of the panel decision to the Senior Associate Dean for MD Programs or the Senior Associate Dean for Health Sciences Programs, as the case may be, to decide whether to impose corrective or disciplinary action. If the decision is that mistreatment occurred by a University faculty member, University employee, Hospital employee, MFA physician or employee, then the chair of the CLE will promptly forward a copy of the panel decision to the applicable University, Hospital, or MFA official responsible for implementing corrective or disciplinary action (“Responsible Official”). The Responsible Official shall review the decision and consider appropriate administrative action.

Retaliation
Retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding is prohibited. Alleged retaliation may be subject to investigation and may result in disciplinary action.

False Claims
A person who knowingly makes false allegations of mistreatment or who knowingly provides false information in a mistreatment investigation or proceeding may be subject to disciplinary action.

SMHS adheres to University Policy on Sexual Harassment and Sexual Violence. This can be found at https://studentconduct.gwu.edu/sexual-harassment-and-sexual-violence-policy

Who Needs to Know This Policy
All students, residents, fellows, faculty, and staff of SMHS

Contact
Mistreatment Ombudsperson(s) for Students:
Dr. Katalin Roth and Dr. Amir Afkhami

Mistreatment Ombudsperson(s) for Residents/Fellows:
Dr. Susanne Bathgate and Dr. Aamir Ali

Committee on the Learning Environment:
Chair: Dr. Charles Samenow

Who Approved This Policy
Executive Committee of the SMHS Faculty Assembly, 7/23/2015