I. Policy Statement

The University of Illinois College of Medicine is committed to providing and maintaining a safe and effective learning environment in which students, residents, fellows, faculty, and healthcare and administrative staff work together to both educate and learn in a manner that promotes the highest level of patient care. As an institution that trains the physician leaders of tomorrow, we expect members of our community to uphold an academic environment that encourages mutually respectful relationships, is conducive to learning, and is free of mistreatment, unlawful discrimination and harassment, and threats of retaliation.

We hold with the Mistreatment Guidelines of the Group on Student Affairs of the Association of American Medical Colleges in stating that,

“The medical learning environment is expected to facilitate students’ acquisition of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes is enhanced and, indeed, based on the presence of mutual respect between teacher and student. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.”

It is, therefore, unacceptable, for a teacher (e.g., faculty member, resident, or others acting in a teaching role) to engage in unlawful discrimination or harassment, and/or mistreatment of students, or fail to adhere to applicable college, campus and university-wide policies, procedures, and guidelines that establish standards for professionalism and conduct, as well as those principles of professionalism and ethics generally accepted within the medical profession.

All members of the medical education community have a shared responsibility to protect the integrity of the learning environment, a right to work and learn free of unlawful discrimination, harassment and mistreatment, and to report any incident in which that positive learning environment has been compromised.

II. Applicability

This policy is applicable to all students enrolled in, all faculty, staff and administrators employed by, and all other teachers holding appointments with the UI College of Medicine (e.g., residents). This Policy shall supplement prior UI COM statements, policies, procedures, guidelines and compacts relating to the UI COM learning environment and, to the extent there is conflict, this Policy shall govern.
III. Characteristics of a Positive Learning Environment

In accordance with standards set by the Liaison Committee on Medical Education (LCME), the learning environment of the medical education program should be “conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty and staff at all training locations”, whether in the classroom, laboratory, or clinical settings, and “is one in which all individuals are treated with respect”\(^1\). As such, UI COM recognizes that each member of the medical school community should be accepted as an autonomous individual and treated civilly and with respect.

IV. Code Of Professional Conduct For Teacher-Student Relationships

A. The role of the teacher is to create an environment that facilitates learning by (i) ensuring responsibility and accountability; (ii) demonstrating respect for students as individuals and adhering to their proper roles as intellectual and practice guides and counselors; (iii) making every reasonable effort to foster honest academic/professional conduct; (iv) ensuring that their evaluations of students accurately reflect each student’s competence; (v) respecting the boundaries of the relationship between teacher and student; and (vi) avoiding any exploitation, harassment, discrimination and/or mistreatment of the student. As such, teachers are expected to:

a. Demonstrate/Model the professional virtues of fidelity, compassion, integrity, courage, temperance and altruism;
b. Maintain high professional standards in all interactions with students, patients, colleagues, and healthcare/administrative staff;
c. Ensure the quality of all components of the student’s education programs;
d. Nurture medical students’ intellectual, professional and personal development and achievement of academic excellence;
e. Respect students as individuals, without regard to race, color, religion, sex, national origin, ancestry, age, order of protection status, genetic information, marital status, disability, sexual orientation, gender identity, or unfavorable discharge from the military or status as a protected veteran;
f. Support students’ wellbeing;
g. Refuse to tolerate abuse or exploitation of students;
h. Become familiar and comply with the policies, procedures and guidelines related to claims of unlawful discrimination, harassment, mistreatment and retaliation, and understand how those claims may be reported;
i. Encourage students who experience or witness mistreatment to report it;
j. Refuse to engage in or tolerate reprisals or retaliation of any kind as a result of a good faith report of mistreatment;
k. Take responsibility for students assigned to one’s course or service, and ensure a safe, fair, supportive, unbiased learning environment that respects each student’s physical and social boundaries and encourages their development as medical professionals;
l. Assign tasks to students based on their knowledge, skills, and experience;

\(^1\) LCME Standard 3.5
m. Provide supervision and appropriate remediation when students are not adequately prepared;

n. Provide feedback to students in a timely, constructive, respectful, personalized and unambiguous manner; and

o. Abide by the policy on student work hours and other applicable UI COM policies.

B. Students also have a responsibility in creating and maintaining a positive learning environment by:

a. Complying with all applicable policies, procedures, and guidelines establishing expectations for student professionalism and other standards of conduct;

b. Attending, being prepared and on time for, and participating in all academic and clinical activities and learning experiences consistent with the expectations of the faculty member, department, College, and/or experiential site;

c. Respecting teachers, staff and fellow learners as individuals, without regard to race, color, religion, sex, national origin, ancestry, age, order of protection status, genetic information, marital status, disability, sexual orientation, gender identity, or unfavorable discharge from the military or status as a protected veteran;

d. Seeking out, accepting and learning from feedback, in a respectful and receptive manner;

e. Understanding and, when not certain, seeking clarification on what does and does not constitute student mistreatment; and

f. Immediately reporting incidents of student mistreatment experienced or observed.

V. Student Mistreatment

Mistreatment arises when behavior denigrates the dignity of others and unreasonably interferes with the learning process/environment, whether that behavior is experienced or observed. Publicly humiliating, physically harming, exploiting and/or subjecting an individual to unwanted sexual advances are all examples of mistreatment. [Click here](#) for additional examples of mistreatment.

Note, however, that vigorous discourse and the conflict of ideas are integral to an academic environment of openness, so long as they are conducted in a civil and respectful way. Asking and answering questions as a means to stimulate critical thinking and draw out ideas and underlying assumptions is also critical to teaching, but can and should be done in a respectful manner. In addition, constructive feedback about performance is crucial to students’ educational progress and professional development. Some feedback may be critical, harsh, or even discouraging. Students may, at times, feel embarrassed or uncomfortable when they make mistakes, answer questions incorrectly, or are not adequately prepared for a required activity. However, not every behavior or action to which the student responds with stress or emotional discomfort is considered mistreatment. A student should reflect on each such situation and consider not just his/her personal reaction or response, but also the actions of the teacher/staff in light of any legitimate concerns for patient safety, circumstances surrounding the situation, and the possible teaching objectives of the experience. In general, actions taken in good faith and done in a respectful and constructive manner to assess or develop knowledge/skill, and/or to correct unacceptable performance/behavior are not considered mistreatment.
VI. Reporting Mistreatment & Other Learning Environment Concerns

Anyone who experiences or witnesses an incident of student mistreatment is encouraged to make a report utilizing the online Student Mistreatment Report Form, or any other method described in the Procedures for Reporting Medical Student Mistreatment and Learning Environment Concerns. Anyone with general learning environment concerns may consult with the Director of Medical Student Learning Environment (DMSLE). The DMSLE will collaborate with faculty/teachers, clerkship directors, and others in conducting inquiries, attempting resolution, and generally discussing learning environment concerns. Appropriate notifications will be made and actions taken in accordance with applicable University, campus, college, departmental and/or site policies and procedures.

Approved by UI COM College Executive Committee 4/12/17
Approved by The College Committee on Instruction and Appraisal (CCIA) 4/5/17

Reference Sources for Policy Development:

- LCME Standards
- AAMC
- University of Chicago Pritzker School of Medicine
- Vanderbilt University School of Medicine
- UCLA
- Boston University School of Medicine
- University of Toronto Undergraduate Medical Education
- University of Michigan Medical School
- Medical College of Georgia
- Duke University School of Medicine
- The University of North Carolina School of Medicine
- Medical Professionalism in the New Millennium: A Physician Charter
Stanford—James Lau, Publication in Academic Medicine