

## Code of Conduct\*

Faculty / Student / Staff Code of Conduct for Teacher-Learner and Trainee-Clinician Relationships Involving Undergraduate, Postgraduate and Graduate Students Registered in the Faculty of Medicine and Dentistry or Pursuing Graduate Degrees Within the Disciplines of the Faculty of Medicine and Dentistry,  
**At The University of Western Ontario and Affiliated Teaching Sites.**

### Preamble

The teacher-learner relationship should be based on mutual trust, respect, and responsibility. This relationship should be carried out in a professional manner, in a learning / research / clinical environment that places strong focus on education, high quality patient-care and, at all times, ethical conduct.

In the past, the hierarchy and certain behaviours have been accepted, justified, and perpetuated as behaviours in a rite of passage. In the current educational climate, some behaviours are not acceptable and can no longer be condoned. Educators must be sensitive to the large power imbalance that exists in the teacher-learner relationship and to the potential harm inflicted by inappropriate comments or actions. An interactive, informative, and respectful teaching / learning environment must be established. As defined by the Ontario Human Rights Code, all individuals have the right to equal opportunities in the workplace and to an educational environment free of harassment because of colour, age, sex, sexual orientation, ethnic origin, religion, and handicap, to name some of the sixteen grounds. Harassment is considered a form of discrimination and is illegal under the Human Rights Code.

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration, and leadership in learning. The teacher, on the other hand, can expect the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective professional, to develop a commitment to service, and come to value the importance of responsibility in patient care and academic responsibilities. Teachers have the responsibility to model and explicitly describe the behaviour they expect of students in their interactions with others. Students, in turn, have a responsibility to extend the framework of collegial and respectful interaction to peers, staff, health-care workers, and patients. Certain behaviours are inherently destructive to the teacher-learner-researcher relationship and may, in fact, constitute a form of "abuse". This may be operationally defined as behaviour by faculty, students, and staff which is consensually disapproved of by society and by the academic community as either exploitive or punishing.

**In the Teaching Hospitals and Dental Clinic...**

A clinical teacher has a dual role; one of patient provider and the other as an educator. In addition to being educators and health care providers, medical residents are learners in their post-graduate training. Medical residents potentially can be disadvantaged in a system that cannot always distinguish whether residents should be getting an education or delivering service and education, and they are then uniquely positioned to pass that stress down the line to learners for whom they are responsible. Therefore, an atmosphere of professionalism must be maintained. The relationship between clinical consultants, residents, and clerks in medicine and between clinical teachers and students in dentistry must encompass a regular interactive experience whereby the trainees increase their knowledge base, technical skills, and attitudinal perspectives necessary for patient care. The ascribed roles must be embraced by faculty and trainees in the University of Western Ontario and the teaching hospitals.

Members of the Faculty should abide by the University's Race Non-Discrimination/Harassment Policy, and Code of Student Conduct, and where appropriate, the Hospitals' policies on harassment. In order to guide and maintain exemplary medical consultant – resident – clerk and dental teacher – student interactions, the following Code of Conduct guidelines specific for the Schulich School of Medicine and the School of Dentistry have been developed. ***Should a trainee or clinical teacher have reason to believe that there has been a breach of the Code of Conduct, the matter should be brought to the immediate attention of EITHER the Associate Dean of Equity and Gender Issues, and Faculty Health, OR the most appropriate of the following:***

- ***Program Director of the training program.***
- ***The Coordinator/Manager of the Course in the Undergraduate Program in which the student is enrolled.***
- ***The Department/Division Chair (Basic and Clinical Sciences).***
- ***The Undergraduate/Postgraduate Medical Education Office (Medicine).***
- ***V.P. Medical and Professional Affairs (LHSC/SJHC).***
- ***Assistant Director of Academic Affairs (Dentistry).***

The officials listed above may wish to engage or consult with the Associate Dean of Equity and Gender Issues, and Faculty Health in deciding on the course of mediation. The official will first seek the complainant's consent to do so. However, if the Associate Dean of Equity and Gender Issues, and Faculty Health or the official, after considering the information provided by the complainant, considers that a danger may exist to the complainant or other members of the University community, it may be necessary to disclose information to senior members of the University and/or the University police. The official will inform the complainant of the need to act and seek approval to proceed. However, the official has the authority to act without the consent of the complainant if it is deemed necessary to the safety of the

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complainant or the community.

With the consent of the complainant, the Associate Dean of Equity and Gender Issues, and Faculty Health and the V.P. Medical and Professional Affairs will exchange information of on-going enquiry process which involves clinicians and trainees with V.P. Medical and Professional Affairs and the Dean of Graduate Studies in cases which involve clinical trainees who are also registered in the Faculty of Graduate Studies.

Of particular note for dental students, please refer to Clinical Administrative Policies and Procedures for Professional Conduct in the Clinical Procedure Manual.

## **In the Research Laboratory...**

The primary responsibility for high standards in the conduct of research rests with the researchers themselves. The best interests of individuals are served by their conducting research in such a way that, in recognizing the rights of others, they can expect others to recognize theirs. Individuals registered in graduate programs have a sensitive dual role. They are students whose learning experience is intertwined with funded research. At the same time, many are cast in the role of teachers of undergraduates and peers. The student and the faculty supervisor, in consultation with the advisory committee, must agree upon the proportion of student's workload in teaching and research. Of particular note for graduate students, please refer to *Policy and Procedures for the Conduct of Research* approved by the Senate of The University of Western Ontario, dated June 29, 1995.

## **If You Observed or Experienced Harassment...**

When postgraduate trainees, undergraduate (Basic Sciences, Medicine, Dentistry) and graduate students, faculty, or staff believe that there has been a breach of this Code of Conduct, several options lie open. Reporting of Code violations will be at the discretion of the individuals directly affected. Trainees and clinical teachers in Medicine and Dentistry have the option of reporting directly to the officials listed under the section "In the Teaching Hospitals and Dental Clinic...". In addition, graduate students have the option of consulting directly with the appropriate Associate Dean, Faculty of Graduate Studies, and/or the Society of Graduate Students. Trainees in the hospitals should also consider the option of pursuing the hospital enquiry process by consulting the Department/Division Chair or the Office of Medical and Professional Affairs (LHSC/SJHC), especially when an incident involves those who are not faculty, staff, or students of The University of Western Ontario.

Where third party observations are reported, if identified, the individual(s) and the individual(s) allegedly adversely affected will be contacted by the Associate Dean of Equity and Gender Issues, and Faculty Health, to validate the

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perception and determine if any action is requested or required. It is not the intent of the Code to create a compulsion to report or an atmosphere of paranoia since this would not be in keeping with the spirit of the principles espoused.

The following list is not meant to imply any chronological order for action. The action taken should be entirely up to the concerned party or parties. Possible action includes:

- Speaking to the individual(s) deemed responsible, directly identifying the problem, and seeking to resolve the concern.
- Going to the individual recognized as the unit head for the individual or individuals about whom the complaint is being made. This may be a program director, a course coordinator, class president, university department chair, hospital department chief, V.P. Medical and Professional Affairs (LHSC/SJHC) etc. Hospital officials may initiate an independent enquiry process defined by hospital policy and procedures.
- Speaking to the appropriate officer in the Equity Services Office of the main campus of the University in which case the policies and practices of that office will be in effect.
- Speaking to the appropriate Associate Dean, Faculty of Graduate Studies, in which case the policies and practices of that office will be in effect.
- Speaking in confidence to the Associate Dean, Undergraduate Medical Education or the Vice Dean, Postgraduate Medical Education.
- Speaking in confidence to the Associate Dean of Equity and Gender Issues, and Faculty Health, Faculty of Medicine and Dentistry. This step is always informal and is available for purposes of seeking advice when an individual is uncertain of what action, if any, they may wish to initiate. Referrals to other appropriate University or Hospital officers can be arranged should the individual decide on further action

**If the Associate Dean of Equity and Gender Issues, and Faculty Health is contacted**, a number of approaches may be adopted based on mutual agreement of the complainant and the Associate Dean:

- The complainant meets with the Associate Dean for a discussion of the problem. The complainant is counseled in regard to how to deal with the problem now and in the future. Other professional counseling is arranged as necessary.
- If further action is required, a meeting will be set up with the parties concerned so that the Associate Dean might mediate. Results of this meeting are to be held confidential by all parties with reports going only to those individuals acceptable to both parties.

The complainant meets with the Associate Dean and, with the complainant's co-operation and consent, the Associate Dean requests the Dean to establish a formal enquiry to validate the complaint and advise the Dean in regard to an

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appropriate reaction. The nature of such an enquiry process will be at the Dean's discretion. Individuals will be advised that vexatious (as defined by the University of Western Ontario) or frivolous accusations of abusive behaviour constitute another form of inappropriate interaction in the teacher-learner relationship. Persons found to be engaging in this will be dealt with at the discretion of the Dean.

When, in the opinion of the Associate Dean of Equity and Gender Issues, and Faculty Health, a sufficient body of complaint has been built up to warrant it, he/she shall consult with the appropriate authority relating to the group or source of the problem (e.g., Dean, Department Chair, Class President) in regard to establishing some form of educational experience aimed at heightening awareness of the issues in the group or unit as a whole without creating an atmosphere of accusation or defensiveness. Failure of this process, (i.e., continuing complaints) shall be brought to the attention to the authority immediately for action.

It shall be the ongoing responsibility of the Equity and Gender Issues Office to provide information to all who work within the Faculty of Medicine and Dentistry in regard to acceptable standards for interaction.

### **Comments or Behaviour Considered Unacceptable**

1. Perceived inappropriate comments directed at an individual related to the person's sex, sexual orientation, racial background, religion, or physical ability.
2. Threat of/or actual physical contact of any kind when there is a perception of physical violence. For example:
  - A Violent grabbing, pushing, or shoving.
  - A Throwing of instruments.
3. Sexual harassment of any kind. Types of conduct which may constitute sexual harassment include but are not limited to:
  - A Sexual remarks or jokes causing embarrassment or offence after the person making the joke has been informed that they are embarrassing or offensive or that are by their nature reasonably known to be embarrassing or offensive.
  - A Sexual solicitation or advance made by a person in a position to confer, grant, or deny a benefit or advancement where the person making the solicitation or advance knows or ought reasonably to know it is unwelcome.
  - A Sexually degrading words used to describe a person.
  - A Sexually suggestive or obscene comments or gestures.
  - A Leering, touching, advances, propositions or requests for sexual favours.

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- A Derogatory or degrading remarks, verbal abuse, or threats directed towards members of one gender or regarding one's sexual orientation.
  - A Inquiries or comments about a person's sex life, sexual prowess, or sexual deficiencies.
  - A The display of sexually suggestive material in the workplace.
  - A Persistent unwanted contact or attention after the end of a consensual relationship.
  - A Comments which draw attention to a person's gender and have the effect of undermining the person's role in a professional or business environment.
  - A Comments regarding a person's physical appearance or attractiveness.
4. Assigning tasks for punishment rather than for educational benefit or denying equal educational opportunities as a punishment.
  5. Use of public humiliation or intimidation as a method of teaching or use of derogatory terms when referring to another person.
  6. Grading used to punish rather than as an objective evaluation of performance.
  7. Preferential treatment, especially in the evaluation and admission process, as a result of relationship (family, friend, donor, financial).
  8. Initiating or maintaining intimate or sexual relationships between teachers and learners.
  9. Intimate or sexual relationships between clinical trainees and patients. (Please note that the College of Physicians and Surgeons in Ontario and The Royal College of Dental Surgeons of Ontario have guidelines which focus on the ethics of providing treatment for family members and in initiating an intimate relationship with patients. Medical and dental trainees are expected to adhere to these professional guidelines.)

While the literature focuses on the abuse of power (generally considered to reside in the hands of the teacher or institution) it fails to articulate that students, especially in numbers, have power also and can exercise that inappropriately under certain circumstances. An example might be the organized effort to subvert or sabotage teaching sessions or evaluation procedures for the purpose of punishing a teacher or for personal gain. From the point of view of a code that applies to teacher and learner alike, it is important to recognize that the potential to hurt and impair the functioning potential of another person exists within the domain of both teacher and learner.

**REFERENCES**

1. University of Western Ontario Housestaff Handbook, July 2000.
2. St. Joseph's Health Care Workplace Harassment Policy Manual, 1999.
3. London Health Sciences Centre Policy on Harassment and Discrimination, October 2003.  
[www.lhsc.on.ca/priv/policy.HRM009.htm](http://www.lhsc.on.ca/priv/policy.HRM009.htm)
4. Cook DJ, Liutkus JF, Risdon CL et al: Residents' experiences of abuse, discrimination and sexual harassment during residency training. CMAJ, 154(11):1657-1665, 1996.
5. Myers MM: Abuse of residents: its time to take action. CMAJ, 154(11):1705-1708, 1996.
6. Oancia T, Bohm C, Carry T et al: The influence of gender and speciality on reporting of abusive and discriminatory behavior by medical students, residents and physician teachers. Med Educ, 34(4)250-256, 2000.
7. Daugherty SR, Baldwin DC, Rowley BD: Learning, satisfaction and mistreatment during medical internship. JAMA, 279(15):1194-1199, 1998.
8. The University of Western Ontario Code of Student conduct, May 2004. [www.uwo.ca/univsec/board/code.pdf](http://www.uwo.ca/univsec/board/code.pdf)
9. The University of Western Ontario Non-Discrimination and Harassment Policy, April 2005.  
[www.uwo.ca/univsec/mapp/section1/mapp135.pdf](http://www.uwo.ca/univsec/mapp/section1/mapp135.pdf)

**\*Approved by ECFC, January 11, 2002.**

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