

POLICY 1.0.2 – Preventing Undue Bias in the Assessment of Medical/Dental Learners Who Have a History of Therapeutic Relationship with Faculty

Learner Equity & Wellness - Undergraduate Medical Education

Classification: ACADEMIC

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By: Curriculum Committee

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I. PURPOSE

Medical and dental learners will occasionally require medical care or counselling, or will have received medical care or counselling prior to entry into the Program. This medical care or counseling is confidential and may have been provided by clinicians who are also non-clinical and clinical teachers or faculty leaders in the medical and dental training programs at the Schulich School of Medicine & Dentistry. Teachers or faculty leaders who have a history of providing care to medical learners may be unreasonably biased in their ability to give objective assessments.

Learners have the right to be supervised and assessed by faculty who will not be biased based on a history of therapeutic relationship of medical care or counseling.

This policy attempts to minimize the potential of this source of bias while balancing the right to confidentiality.

II. DEFINITIONS

In this document, the following definitions apply:

“Medical care or counselling” refers to any care, support or otherwise where either party had reason to believe that the relationship was a professional, therapeutic relationship where the nature of the relationship was the delivery of medical care or psychiatric, psychological or other form of therapeutic counselling.

“Teacher” is any faculty or staff associated with the Schulich School of Medicine & Dentistry’s Doctor of Medicine Program who has a role as a tutor, clinical skills preceptor, clerkship or elective supervisor or any other role where the individual is sanctioned by the MD Program to formally assess a learner’s performance.

“Faculty leader” is any individual in a MD Program leadership role who does not have a direct role in assessing learners but does have a formal role in the assessment process by approving summative assessments or through her/his role in the Program appeals process. Examples of faculty leaders include: Course Chairs, Clerkship Directors, Regional Academic Directors, Clerkship & Electives Chair, Small Group Facilitators, Assistant or Associate Deans or the members of the Academic Progression Committee.

“Formal assessment” is any assessment that contributes to a summative assessment that appears on the student’s transcript or that may result in a meeting of the academic progression for any one of the Programs

“Program” refers to the Doctor of Medicine governed by the Schulich School of Medicine & Dentistry at Western University.

III. POLICY

3.1 Identifying a Potential for Bias

For many activities in the Program, teachers may be responsible for educating in large or small groups of learners or on an individual basis. Teachers will be given the opportunity to identify a potential for bias within their group is assigned. They may ask to have student members reassigned. This process will occur before group assignments are posted or shared with learners.

Either learners or teachers may identify a potential bias based on a history of a therapeutic relationship of medical care or counselling. The potential for bias under these circumstances will be accepted once identified by either party.

As soon as the potential for bias is identified, the learner or teacher will bring the issue to the attention of the Program by informing the Program Manager or Program Administrator of the learner’s home campus or department or campus where the learning /assessment activity is to take place. The learner or teacher should inform the Program Manager/Administrator of the potential for bias under this policy. The nature of the therapeutic relationship does not need to be disclosed; however, in the course of making appropriate arrangements, it may be necessary to identify both the learner and the teacher.

The Program Manager/Administrator will work with local faculty leaders and administrators to re-assign the teacher or the learner appropriately. The Program will make a reasonable effort to make assignments to minimize disruption to learners; however, there may be circumstances where some disruption is unavoidable.

3.2 Anticipating a Teacher – Student Relationship with a Potential for Bias

Learners and teachers will often be aware of a potential for bias in future elements of the Program (e.g., a medical student who once received care by a clinician who is a clinical teacher in the MD Program).

Learners and teachers who anticipate the potential for a future teacher- student relationship with a potential for bias based on a history of a therapeutic relationship of medical care or counselling, can identify this potential early in studies through the same process described. The Program will make assignments to avoid a teacher-learner relationship with a potential for bias. This will remain throughout the student’s studies in the Program.

3.3 Potential for Bias in Program Faculty Leaders

Learners may also have a history of a therapeutic relationship of medical care or counselling with faculty leaders in the Program who have a formal role in the evaluation of learners.

Learners or faculty leaders should follow the same process outlined above under *Identifying a Potential for Bias*.

As soon as the potential for bias is identified, the learner or teacher will bring the issue to the attention of the Program by informing the Program Manager or Program Administrator of the learner's home campus or the campus where the assessment activity is occurring. The learners or teachers should inform the Program Manager/Administrator of the potential for bias under this policy. The nature of the therapeutic relationship does not need to be disclosed; however in the course of making appropriate arrangements, it may be necessary to identify both the learner and the teacher.

The Program Manager/Administrator will identify the potential for bias to the appropriate faculty leader. The faculty leader will find an appropriate substitute and recuse him/herself from any formal role in the learner's assessment. An appropriate substitute is a faculty leader with an equal or higher level of responsibility with respect to the assessment of learners.

3.4 Members of Academic Progression Committees

Members of academic progression committees for the Program should recuse themselves from a committee meeting where there is potential for bias based on a history of a therapeutic relationship of medical care or counselling with a learner who is being reviewed by the committee. A learner being reviewed by the committee should identify a potential for bias based on a history of a therapeutic relationship of medical care or counselling as soon as it is known. The chair of the academic progression committee will ensure that this policy is followed. Where the potential for bias is identified by the chair of the committee himself/herself, the chair will identify an alternate chair and then recuse himself/herself from the committee.

3.5 Elective Learning or Research

Generally, learners should avoid setting up learning experiences with supervisors who have the potential for bias based on a history of a therapeutic relationship of medical care or counseling. There may be unusual circumstances where supervisors with this potential for bias are appropriate.

3.6 Formal Assessment Activities

Where the potential for bias presents during a formal assessment activity (e.g., OSCE, end of rotation examination), teachers and learners should adopt a course of action that is least disruptive to the learner being assessed.

Options include:

- (a) Inform in advance of the potential for bias and schedule the stations accordingly
- (b) continue with the assessment activity and inform the faculty lead responsible for the assessment (e.g. Clinical Methods Chair, OSCE Chair etc.) after the assessment is complete for alternate arrangements which may include removal of any assessments made by the assessor who had the potential for bias under this policy;
- (c) stop the assessment activity at that time, report the potential for bias to the local assessment administrator, and continue the assessment with the next element (e.g., OSCE station); or
- (d) any other approach which limits biased assessment as defined by this policy which limits the impact of enforcing the policy on the student's continued assessment. Occasionally, it may be necessary to substitute another form of assessment to adequately assess the learner's performance.

3.7 Limited Capacity of Faculty Because of Field of Expertise or Geography

Where there are a limited number of alternate teachers or faculty leaders because of the teacher's or faculty leader's field of expertise or geographical location, the Program will ensure that an appropriate alternate teacher or faculty leader is identified consistent with the policy and processes above.

4.0 Challenging the Identification of a Potential for Bias

The identification of potential for bias will be taken at face value as indicated above; however, there may be occasions when one party or the other wishes to challenge the identification of a potential for bias. In such circumstances, either individual may bring the challenge to the leader of the learner's program (E.g., Associate Dean, UME or delegate). The appropriate Program lead will make an assessment of the identification of a potential for bias and inform the individuals involved and the Program Manager/Administrator of the decision.

Any confidential information considered by the faculty and staff will remain confidential; however, challenges brought forward under this policy may be discussed between the Program Leader and other appropriate Program leads to ensure fairness and consistency across training sites. The decision of the Program Leader will be considered final. Any further appeals will proceed through the Western University appeals process.

Source: DeGroot School of Medicine, Mc Master University (with permission).