Medical Student Mistreatment and Duty Hour Violation Policy

I. Purpose
The purposes of this policy are to outline expectations of behaviors that promote a positive environment for NYU Grossman School of Medicine medical students and other learners, to provide mechanisms and procedures for students to report mistreatment and duty hour violations, and to identify grievance procedures to address alleged violations. This policy offers a definition of these expectations, provides examples and definitions of unacceptable treatment of medical students, describes the procedures available to report incidents of mistreatment and duty hour violations, and informs students what actions will be taken to monitor investigate and respond to reports.

*This policy focuses on mistreatment and duty hour violations; sexual harassment and assault are covered under the School of Medicine’s “Policy on Sexual Assault, Harassment and Other Forms of Sexual Misconduct.”

II. Policy

Mistreatment
The medical school 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 learner. Characteristics of this respect are the expectation that all participants in the educational program assume their responsibility in a manner that enriches the quality of the learning experience.

The NYU Grossman School of Medicine is committed to ensuring a safe, respectful and supportive learning environment. This environment will be free of belittlement, humiliation or hostility and will reflect the School’s values of professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion and integrity. Mistreatment of medical students is unacceptable and will not be tolerated. Teachers and learners are expected to maintain a positive learning environment.

Duty Hours
The goal of the duty hour policy is to maximize the productivity of the clinical learning environment and address the effects of fatigue and sleep deprivation on learning and patient care. The policy states, “In general, as students are an integral part of the resident teams, they are expected not to exceed the ACGME duty hour limits mandated for residents.” The ACGME standard limits duty hours to not more than 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. The on-duty time medical students spend delivering patient care services of marginal or no educational values should be minimized.
Violations of duty hours can be reported via direct communication with the clerkship director or coordinator, the Mistreatment Reporting Form (on Brightspace in real-time) or via the end of clerkship evaluation (in COMET).

To be in compliance with both the NYS405 Regulations and ACGME Duty Hour Requirements (Section VI of the Common Program Requirements):

Approved and goes into effect September 19, 2019

- Clinical and educational duty hours must be limited to a maximum of 80 hours per week averaged over 4 weeks, inclusive of all in-house clinical and educational activities and clinical assignments.
- Must have 24 hours off per week not averaged.
- Must have 8 hours off between scheduled clinical work/educational periods.
- Must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Continuous on-site duty, including in-house call, must not be scheduled for/exceed 24 consecutive hours. Students may remain on duty for up to 3 additional hours (total of 27 hours) of transition time to be used for transfer of patient care, rounds, or grand rounds. No new patient care may be assigned during the 3-hour transition time.
- Must be scheduled for in-house call no more frequently than every third night.
- Night float must occur within the context of the maximum work hours per week, mandatory weekly time off, and mandatory time off between work periods.
- Maximum for “High Intensity” Shifts: Up to 12 consecutive hours on duty assignment in the ER, followed by at least an equal period of continuous time off. No more than 60 scheduled hours per week seeing patients in the ED and no more than 72 hours per week.
- NYS requires on-site supervision 24/7 by the attending or supervising physician.

Mistreatment and Duty Hour Violation Reporting Form (Brightspace)

This option is available via a link to a secure (RedCap) form (https://redcap.nyumc.org/apps/redcap/surveys/?s=LF9HAPNFPH) which allows students to report anonymously or confidentially and if confidentially, permits students to indicate that they wish to be contacted and how and when they might want the incident to be resolved (e.g., withholding the full report and/or response until a future date).

Limiting required duty hours does not imply that medical students must cease providing essential patient care services at arbitrary cut-off times. Priority must always be given to patient safety and well-being and to avoiding transferring patient care responsibilities to others at inappropriate times in the continuum of care (e.g., during an operative procedure or in the midst of a rapidly evolving clinical event).

Like residents, however, students are expected to respect and operate within duty-hour policy limits. Working longer than 80 hours/week leads to fatigue that can both degrade students’ ability to learn and put patients at risk; therefore, intentional violation of duty-hour limits could represent a lapse in professional responsibility.

Neither faculty nor residents/fellows expect students to take, and actually discourage students from taking, the responsibility of bridging between rotating teams of residents, and professionalism and responsibility to patients for students to monitor their own hours to assure that voluntary violations of duty hours limits do not
occur. Priority must always be given to patient safety and well-being and to avoiding transferring patient care responsibilities to others at inappropriate times in the continuum of care.

**Adopted from:** AAMC Policy Guidance on Graduate Medical Education—Assuring Quality Patient Care and Quality Education.

### III. Procedures

**a. Distribution by the Office of Medical Education**

This policy is shared with all students (new and continuing), all new residents and teaching faculty on an annual basis. It is posted on the NYU Grossman School of Medicine website under School of Medicine Policies and Procedures and is included both in the Student Handbook (updated every two years, digitally distributed to the student body at the time of matriculation, and also stored on the website under Student Resources) and in the Faculty Handbook.

**b. Definition and Examples**

We use the AAMC’s (American Association of Medical Colleges) definition of mistreatment as follows: Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation.

Specific examples of mistreatment include but are not limited to:

- Verbally abusive, belittling or humiliating a student.
- Intentionally singling out a student for arbitrary treatment that could be perceived as punitive.
- Unwarranted exclusion from reasonable learning opportunities.
- Pressuring students to exceed established restrictions on work hours.
- Exploitation of students in any manner, e.g., performing personal errands.
- Pressuring a student to perform medical procedures for which the student is insufficiently trained (i.e. putting a student in a role that compromises the care of patients).
- Threatening a lower or failing grade/evaluation to a student for inappropriate reasons.
- Committing an act of physical abuse or violence of any kind, e.g., throwing objects, aggressive violation of personal space.
- Subjecting students to offensive remarks or names.
- Making unwelcome sexual comments, jokes, or taunting remarks about a person’s protected status.

**Sexual Harassment, Assault or Misconduct**

Sexual Harassment, assault or misconduct of a sexual nature are generally considered to fall outside the realm of mistreatment and specific policies for these kinds of abuse are described in the School of Medicine’s Policy on Sexual Assault, Harassment, and Other Forms of Sexual Misconduct.

**Diversity Mission/Non-Discrimination Policy**

As an institution that prides itself on performance, respect, integrity, and excellence, diversity is one of the core values of NYULMC. Diversity as a core value embodies inclusiveness, mutual respect, and the appreciation of multiple perspectives. Inclusion is a critical element for successfully achieving diversity. Inclusion is achieved...
by nurturing the climate and culture of the medical center through professional development, education, policy, and practice. The objective is to create a climate that fosters belonging, respect, and value for all and to encourage engagement and connection throughout the institution. In this context, we are mindful of all aspects of human differences such as, but not limited to: socioeconomic status, race, ethnicity, sexual orientation, gender, gender identity, spiritual practice, geography, disability, career goals, familial educational attainment, and age.

New York University is committed to a policy of equal treatment and opportunity in every aspect of its relations with its faculty, students, and staff members, without regard to age, citizenship status, color, disability, marital or parental status, national origin, race, religion, sex, or sexual orientation. This includes, but is not limited to, recruitment, hiring or appointment, selection for training, transfer, layoff, promotion, granting of tenure, rates of pay and other forms of compensation and participation in University-sponsored educational, social, and recreational programs.

It is the policy of NYU Grossman School of Medicine, in accordance with Title VI of the U.S. Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, not to discriminate on the basis of race, color, national origin, or handicap in any educational program or activity. Furthermore, it is the policy of NYU Grossman School of Medicine, in accordance with Title IX of the Education Amendments of 1972, not to discriminate on the basis of sex in any educational program or activity.

**c. Procedures for Reporting Mistreatment**

The School of Medicine provides a number of mechanisms for both informally discussing and reporting allegations of mistreatment. These mechanisms, whenever possible, are designed to respect the student’s wishes in deciding how to report and respond to the incident. However, the Medical School cannot guarantee confidentiality in situations where there is concern for the immediate safety of the student or the community. Students are strongly encouraged to ask any questions they may have about confidentiality before revealing details that they want to keep private.

**Policy on Sexual Assault, Harassment and Other Forms of Sexual Misconduct**

The NYU Grossman School of Medicine is committed to maintaining a safe learning Environment that is free of acts of sexual violence, harassment and other forms of sexual misconduct. Students are encouraged to report any incidents of sexual assault or harassment of which they become aware that may compromise the well-being of an individual or the Medical School community. Policies and procedures related to sexual assault, harassment and other forms of sexual misconduct may overlap with but are distinct from those associated with mistreatment as described in this policy and fully described in the Medical School’s Policy on Sexual Assault, Harassment, and Other Forms of Sexual Misconduct.

Medical students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action. The individual considering making a report of mistreatment should first, if possible, attempt to resolve the matter directly with the alleged offender.

A student may want to share information about an incident in order to resolve that specific incident, to provide feedback to the individuals involved, and/or to ensure that actions are taken to prevent future incidents.
Possible options for medical students include:

1) **DISCUSS** the incident with any of the following: a faculty member, an advisor, the Director of the Module, Clerkship or other Curricular Unit, the Student Course/Clinical Liaison Committees, the Associate Dean for Curriculum, the Assistant Dean of Medical Education in the Clinical Sciences, and/or the Associate Dean for Student Affairs.

   a. **File a report with the Associate Dean of Student Affairs.** You may discuss how you wish the investigation and response to proceed with the Associate Dean and the Dean will take these wishes into consideration while balancing the need to ensure your safety and the safety of others.

   b. **File an anonymous OR confidential report via the Incident Reporting Form.** This option is available via a secure link available also in the online version of the Student Handbook and in BRIGHTSPACE on every course/module page. This mechanism includes the option of reporting **anonymously or confidentially** and if confidentially, **the option for requesting prompt attention OR requesting that the full report and/or response is held until a future date (e.g., after grades have been submitted.)**

   c. **Respond to the question about Mistreatment or the question about Duty Hour Violations in the Curricular Evaluation Questionnaires (e.g., End of Clerkship Evaluation) fielded through COMET.** This form of report is confidential and NOT anonymous since evaluations are linked to specific student identifiers in order to deliver questionnaires to the appropriate students and monitor responses. However, the Medical School seeks to maintain strict confidentiality of these evaluation data except in cases of concern over student safety. When reporting incidents, students can indicate whether they want to be contacted and also can indicate that they would like to withhold response to the incident (e.g., being contacted or investigation of the incident) until a future date.

   Students requesting complete anonymity should be made aware that doing so may interfere with the Medical School’s ability to investigate the concern and their ability to receive information about the follow-up investigation.

   Aggregate, de-identified data on reports of mistreatment of medical students, compiled from all possible means of reporting alleged incidents, are shared at least quarterly with the Curriculum Committee and at least monthly with the Associate Dean of Student Affairs as well as the Associate Dean for Curriculum and the Assistant Dean of Medical Education for the Clinical Sciences if the reported incident is alleged to have taken place as part of the medical students’ clinical education.

   d. **Mechanism for Monitoring and Investigating Mistreatment**

The Associate Dean of Student Affairs is responsible for the oversight of mistreatment against students.

All reports of mistreatment or duty hour violations, either anonymous or confidential, will be included in the Incident Monitoring System database in order to maintain as complete a collection of reports as possible. Reports filed by students through the online Incident Reporting Form will populate this database as will reports made through the New Innovations curriculum evaluation questionnaires. In addition, the Associate Dean of
Student Affairs will ensure that reports made to her/his office are entered, anonymously if necessary and with minimum details if appropriate, in order to ensure that the Incident Monitoring System is as comprehensive as possible. This database is maintained securely behind the NYU firewall in a HIPAA and FERPA-compliant data management system (RedCap) and identifying information is stored in fields that are viewable only by Office of Medical Education evaluation personnel (namely the Director of Evaluation and the Evaluation and Assessment Coordinator), the Associate Dean of Student Affairs, the Associate Dean for Curriculum and the Assistant Dean of Medical Education in the Clinical Sciences.

Since the Incident Reporting Form permits near real-time reporting of incidents of mistreatment, new reports will be reviewed daily by the Associate Dean of Student Affairs, the Associate Dean for Curriculum, the Assistant Dean of Medical Education in the Clinical Sciences or the Director of Evaluation in order to identify incidents that require prompt response.

The Associate Dean of Student Affairs, Associate Dean for Curriculum, Assistant Dean of Medical Education in the Clinical Sciences, and the Director of Evaluation will monitor trends by curricular units, departments, clerkships, etc. as well as by individual residents and faculty. The Associate Dean of Student Affairs, Associate Dean for Curriculum, Assistant Dean of Medical Education in the Clinical Sciences, and the Director of Evaluation may report trends to appropriate department chairs of medical school leaders (assistant and associate and full deans) at the involved sites so that the issues can be investigated and the chairs and/or deans can decide if and which actions are warranted.

The Associate Dean of Student Affairs may also investigate individual reports and will take such actions as necessary to determine the facts and, when appropriate, resolve the matter between the complainant and the respondent. If these measures are not appropriate or satisfactory to the complainant, a brief report will be forwarded to the Dean who will convene an ad-hoc committee consisting of two faculty members and two students to review the allegation. The Dean, acting upon the recommendations of the ad-hoc committee, shall then determine

a) appropriate procedures to be followed for a timely resolution of the complaint or
b) other steps as required by the institution where the alleged mistreatment occurred.

Every effort is made to respond to concerns of mistreatment in a timely and professional manner to minimize the risk of retaliation and to resolve individual concerns and prevent future mistreatment and/or violations.

If the complainant is not satisfied with the resolution of the complainant, a formal grievance may be filed according to the procedures of the University.

IV. No Retaliation

The NYU Grossman School of Medicine strictly prohibits retaliation against persons who in good faith report, complain of, or provide information in a mistreatment investigation or proceeding. While the School of Medicine has no evidence that retaliation is a problem, reporting and response procedures have been designed to minimize opportunities for retaliation by permitting anonymous reporting, ensuring confidentiality within the limits of concern for safety, and providing students with the option to request a delayed response to reported incidents. Individuals who believe they are experiencing retaliation are strongly encouraged to contact the Associate Dean of Student Affairs or any other educational leader. Alleged retaliation will be
subject to investigation and may result in disciplinary action up to and including termination.

The fact, nature or resolution of a student’s complaint will not be recorded in the student’s record and will in noway influence their educational standing or any form of student evaluation.

V. References
Policy on Sexual Assault, Harassment and Other Forms of Sexual Misconduct
Policy on Affirmative Action/Equal Opportunity
Policy on Duty Hours

VI. Approval
Approved by the NYU Grossman School of Medicine Curriculum Committee on 02/05/2015.