

To: Dr. Robert Alpern, Dean of Yale School of Medicine

Date: December 7, 2007

Re: Findings of the Working Group in Examining Sexual Harassment and Sexual Assault Procedures and Processes at the Yale School of Medicine

I. Introduction

A. The Charge of the Working Group

From Dean Robert Alpern, July 11, 2007:

"A number of students have communicated their impression that the mechanisms presently in existence at Yale School of Medicine to address alleged instances of sexual harassment and sexual assault are not optimal and should be examined. To address these concerns, a group of concerned students, faculty, and administrators met on two occasions and determined that an internal committee should be appointed.

The charge for this committee is as follows:

1. Examine the procedures and processes presently in existence to address allegations of sexual harassment and sexual assault.
2. Determine whether and specifically how these procedures and processes can be improved upon.
3. Examine whether students and the school's community are sufficiently aware of these procedures and processes.
4. Examine the educational initiatives and other mechanisms presently in existence to discourage and prevent sexual harassment and sexual assault.
5. Determine whether and specifically how these educational initiatives and mechanisms can be improved upon.

Following a review of these issues, please provide your recommendations to the dean."

B. Members of the Working Group

Chair: Carolyn Mazure, Ph.D., Associate Dean for Academic and Faculty Affairs,
Professor of Psychiatry, Director, *Women's Health Research at Yale*

Members (in alphabetical order):

- Palav Babaria, YSM IV
- Sanjay Basu, YSM V
- Carole Goldberg, Psy.D., Psychologist, Yale University Health Services Mental Health & Counseling Center; Assistant Clinical Professor, Department of Psychiatry; Director, Sexual Harassment and Assault Resources and Education (SHARE) Center

- Ravi Kavasery, YSM II
- Serge Kobsa, YSM V
- Kiera Levine, YSM V; Peer Advocate
- Thomas McDow, Dean, Branford College; Member, Sexual Harassment Grievance Board, Yale College
- Jennifer McNiff, M.D., Professor, Dermatology and Pathology; Director, Yale Dermatopathology Laboratory; Co-Chair, Status of Women in Medicine
- Susan Overton, Research Associate, Yale University Women Faculty Forum

II. Background

In the winter of 2005, a number of Yale medical students expressed concerns to the Office of Student Affairs that incidents of sexual harassment and sexual assault were occurring at the Yale School of Medicine (YSM). Such concerns had been raised previously, yet an anonymous e-mail distributed by a graduating medical student alleging that the administration ignored incidents of rape and harassment once again brought this issue into greater relief. Furthermore, a number of incidents of alleged harassment in the class of 2008 brought these issues to the forefront.

In response to these concerns, the Associate Dean of Student Affairs assembled a series of town hall meetings and commissioned a student committee, led by Dr. Richard Belitsky, who was then the deputy chair for education in the Department of Psychiatry, to examine these concerns and make recommendations about the issue. Since the submission of the committee's final report to the Associate Dean of Student Affairs in April 2005, the administration has implemented a few of the report's recommendations. These include training in reporting and prevention of sexual harassment for first year medical students conducted by Ombudswoman Merle Waxman, and increased emphasis on responsible drinking at school-sponsored events. Despite these measures, sexual harassment--including groping, intimidation, and verbal abuse--and acts of sexual assault--including rape--have continued to be reported within the YSM community. Consequently, many students continue to feel that the issues have not been adequately addressed, and that the report submitted to the Dean of Student Affairs in 2005 was neither widely distributed nor were its recommendations widely implemented.

In May 2007, a letter signed by over 150 current Yale medical students was submitted to the Deans of Education, Student Affairs, and the School of Medicine as well as to the Ombudsperson. The letter requested that university administrators conduct an external review of the content and efficacy of YSM's sexual harassment and sexual assault policies, create a dedicated position and office for medical student counseling, reinstate a year-end annual survey of each class dedicated to assessing sexual harassment and sexual assault, and develop a zero tolerance policy as part of its long-term solutions to the problems of sexual harassment and sexual assault at YSM.

In response to the May 2007 letter, meetings were held with members of the YSM Dean's Office, faculty, staff and students to determine the action to be taken. The current Working Group was formed and began to meet in May 2007. The Working Group was given its charge and formally convened in July 2007 to review procedures and processes relevant to these

concerns and, as stated in the charge to the Working Group, provide recommendations for improving upon YSM procedures and processes.

III. Review of Relevant Literature

The medical literature concerning sexual harassment and assault on medical campuses is extensive, dating back to at least 1968 [1]. The literature reveals that both sexual harassment and sexual assault remain common on many medical campuses, and are particularly directed towards female medical students; such acts are typically perpetrated by other medical students in the pre-clinical years of medical education, and by supervisors or hospital staff in the clinical years of medical education [2-45]. Typical problems reported by medical students included: (1) sexual assault by male classmates, particularly during the pre-clinical years; (2) inappropriate sexual advances in the context of the operating room environment during surgical rotations; and (3) inappropriate touching by attending or resident physicians [6, 46-49]. Common barriers to reporting include the sentiment that reports would not result in disciplinary consequences due to unclear institutional policies, and fears of negative career consequences to the reporting student.

High-profile sexual harassment and sexual assault court cases during the 1990s have resulted in policy changes at several medical schools; the medical schools at Brown University and Stanford University have experienced the most publicized cases [34, 50-52]. As a result of comprehensive reviews that look at several medical schools, studies have been conducted to examine the impact of policy changes on the incidence of sexual harassment and assault [2, 45, 53, 54]. A few such studies included comparative studies of several medical schools [9, 47, 55]. Among these studies, the most common reforms found to be effective at reducing reports of sexual harassment and sexual assault have involved (in decreasing order of efficacy):

- (1) the institution of "no tolerance" statements, with established and available protocols for disciplinary procedures in cases of sexual harassment and sexual assault;
- (2) the appointment of trained medical school counselors accessible to students for complaints involving sexual harassment or sexual assault, to whom all staff are instructed to direct concerned medical students; and
- (3) mandatory staff and student trainings [2, 9, 45, 47, 53-55].

The efficacy of the third intervention was varied; it appeared that only a subtype of training sessions was clearly effective when assessed by systematic reviews. This subtype involved skills-training and a review of legal issues, conducted by personnel explicitly trained to provide such information. The training followed a protocol established and evaluated at Stanford University School of Medicine over the course of several years, and further revealed that classical instruments for assessing general satisfaction or concerns (e.g., end-of-year surveys of the medical school licensing body) were rarely reflective of the problem, and needed to be replaced with surveys that specifically describe and address sexual harassment and sexual assault [56, 57].

The Working Group investigated these policies in detail to provide specific comparisons and contrasts among them (see Appendix 1).

IV. Current Written Policy at Yale School of Medicine

Currently, the Yale School of Medicine utilizes the Yale University policy on sexual harassment as its official policy (Appendix 2). It reads:

“Sexual harassment is antithetical to academic values and to a work environment free from the fact or appearance of coercion. It is a violation of University policy and may result in serious disciplinary action. Sexual harassment consists of nonconsensual sexual advances, request for sexual favors, or other verbal or physical conduct of a sexual nature on or off campus, when: (1) submission to such conduct is made either explicitly or implicitly a condition of an individual’s employment or academic standing; or (2) submission to or rejection of such conduct is used as the basis for employment decisions or for academic evaluation, grades, or advancement; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual’s work or academic performance or creating an intimidating or hostile academic or work environment. Sexual harassment may be found in a single episode, as well as in persistent behavior. Conduct that occurs in the process of application for admission to a program or selection for employment is covered by this policy, as well as conduct directed toward University students, faculty or staff members.”

The aforementioned policy is available on the Office of Women in Medicine website, last updated on July 10, 2006. The website describes the university policy on student-faculty relations, prohibiting sexual relations between faculty and the students whom they are supervising. The website also contains a link to the YSM Grievance Procedures for Complaints of Sexual Harassment, as well as a list of Grievance Committee members and contact information. The document outlines what types of situations the grievance board handles, and describes “general procedures” for how complaints are handled. For formal complaints, this includes an initial meeting with a board member, an initial review and investigation, and then a meeting with the overall board. The committee also hears informal complaints, which do not follow a stated procedure. The document lists "possible sanctions," ranging from "verbal warning" to "expulsion," without further details. This document was created in 1985 and last updated on January 28, 2000.

In addition, the School of Medicine endorses a Human Relations Code of Conduct, distributed to all medical students during their White Coat ceremony. Although it does not specifically address sexual harassment, it does state, “It must be ensured that our school is free from discrimination and acts of intolerance such as those based on race, gender, sexual orientation, religion, national origin, ancestry, age, or physical handicap. Such personally directed behavior will not be tolerated; it is antithetical to academic values, debilitates its victims, compromises the offenders, and undermines the University's fundamental commitment to individual freedom and respect for all its members.”

V. Findings: Existing Resources and Current Challenges in Addressing Sexual Harassment and Sexual Assault

At the request of the Dean of YSM, the Working Group reviewed the sexual harassment and sexual assault policies and practices at the Yale School of Medicine. The Working Group engaged in a comprehensive review of written policies, interviewed pertinent individuals regarding policies and practices, and examined policy and procedure statements from other institutions. The Working Group would like to note the following findings, which serve as the basis for our recommendations.

A) Student reports

First, and most importantly, reports of incidents and concerns of sexual harassment and sexual assault at the Yale School of Medicine have made members of the community feel unsafe. Some of these incidents became well-known among the student body, and have resulted in the feeling that YSM has not provided a clear message to all members of the community indicating “zero tolerance” for sexual harassment and assault.

Students expressed concern that procedures for the redress of these complaints have not been followed, or that the procedures themselves are inadequate in their disciplinary aspects, as we discuss further below. A common concern is that student reports will not be believed; students who have reported experiences of sexual assault or sexual harassment at YSM have felt dismissed as over-reactive or overly-sensitive by key YSM personnel. Students have expressed concern that there are conflicts of interest for these key administrators because of their position responsibilities, and that they are not adequately trained to advise students of their rights and choices.

The Working Group also learned that students fear breaches of confidentiality should they report sexual harassment or sexual assault to YSM key personnel.

Medical school launches young doctors into a demanding profession marked, most immediately, by competition among highly qualified candidates for limited numbers of coveted residency positions. YSM students, faculty, and administrators all recognize that students perceive that a misstep in medical school may seriously limit future professional opportunities.

B) Interviews with key YSM personnel

The Office of Student Affairs states that sexual harassment and sexual assault resources include: informational material distributed to students during Second Look weekend for incoming students and during the Survival Week program for third year students; a blue brochure on professionalism, given to students in their orientation packets; four emails per year to students listing support services for students; and provision of the Sexual Harassment policy. In addition, anonymous data from exit interviews conducted by the Associate Dean of Students regarding harassment are reviewed by the Office of Student Affairs.

Awareness of such resources among students is varied, according to our interviews with the Office of Student Affairs and the Ombudsperson. However, the Working Group found that information and documentation on policies and procedures are not well publicized or understandable to students. Most notably, YSM procedures are available primarily in a print format. Therefore, it is difficult to locate information about sexual harassment at YSM on the Yale University website, and this is likely the first place that many students would look for such information.

C) Review of procedures

Students who choose to make complaints about sexual harassment typically approach the Office of Students Affairs, the Office of the Ombudsperson, peers and Peer Advocates, Clerkship Directors, or teaching faculty. The Working Group found that consistent, specialized training to address complaints of sexual harassment and assault is not provided to these key persons.

Other personnel and offices that can respond to reports of sexual harassment and sexual assault include a Member of the Dean's Board on Sexual Harassment (nine members drawn from students, faculty, and staff); the Yale University S.H.A.R.E. Center (Sexual Harassment and Assault Resources & Education); and campus religious leaders. These resources do not appear to be well known to or utilized by YSM students.

The Office of Student Affairs and Office of the Ombudsperson report the following options for YSM students to report or address incidents of sexual harassment and sexual assault:

- contact the Ombudsperson by a confidential telephone line;
- seek advice outside of the Medical School through the S.H.A.R.E. Center for sexual harassment or sexual assault or the local police in regard to sexual assault;
- seek guidance, suggestions, or information from other multiple sources within YSM.

Further, students can choose to:

- address the complaint informally;
- take formal action;
- withdraw complaints at any time or delay action on a complaint if formal action is taken;
- ask the Ombudsperson or a member of the Dean's Board on Sexual Harassment to act on their behalf to speak directly to the alleged perpetrator, confront the perpetrator accompanied by Ombudsperson, confront the perpetrator by letter, or, on the wards, meet with the Ombudsperson and Section Chief to address harassment.

The Working Group did not find a centralized location (either virtual or real) where YSM students are notified of all these options.

Students expressed the following concerns with these procedures: (1) lack of trust that their experiences will be kept confidential when reported to these key personnel and (2) lack of clarity regarding how these reporting procedures will adequately resolve their concerns.

D) Review of reporting practices

Students indicate that a number of cases of sexual harassment and/or sexual assault at YSM are not reported. Many cases of sexual harassment and assault go unreported nationwide: the Department of Justice estimates that only 36% of rapes, 34% of attempted rapes, and 26% of sexual assaults were reported to police between 1992 and 2000. As noted earlier, the Working Group found several deterrents to reporting for YSM students who might wish to report cases.

- The process by which YSM addresses incidents of sexual harassment is not clear to students.
- Students are not aware of all their options and rights in cases of sexual harassment. A detailed explanation of the process of reporting an incident or making a complaint would make students more aware of their options.
- The disciplinary consequences of sexual harassment and sexual assault are not clear.
- The complaint process currently relies on non-standardized resolutions to cases, implemented by different individuals with varied levels of training in this specialized area.

Currently, there is no avenue that allows a YSM student to make an anonymous report of an incident of sexual harassment or sexual assault. Although anonymous reporting would not help in disciplinary or corrective matters, it would enable the administration to track and compile statistics of incidents of sexual harassment, and to investigate alleged habitual or repeat student and faculty offenders which has been of increasing concern to students at YSM. Anonymous reporting has been implemented at several other institutions, with follow-up studies indicating that reports of assault and harassment have declined over time after implementation of policies that explicitly allow anonymous reporting (see Appendix 1).

The structure of clinical education acts to discourage students from reporting incidents of sexual harassment or assault. During clerkships, students feel that making a complaint may affect their evaluation or tarnish their reputation, and possibly lead to retaliation or embarrassment. These perceptions are fed by doubts about confidentiality in a small community, especially in situations in which key personnel (and sources of information and support) are the friends or partners of prominent faculty members. Thus, in some cases, students are understandably hesitant to seek advice or register a complaint.

These findings are of particular concern as a number of studies [6, 46-49] show that the most common reasons why students do not report sexual harassment are that they fear retribution or damage to their careers, and/or that there will be no action taken.

E) Review of follow-up procedures

YSM's Dean's Board on Sexual Harassment (DBSH) has not convened in at least six years, though student reports of harassment and assault have occurred each year. Some students have reported that they were discouraged from making formal complaints to the DBSH, and pressured

to resolve complaints informally. Students expressed concern that they have no direct input into the membership of the Board. The operating procedures of the DBSH are not clear to students, and its credibility is undermined by vague language which appears to offer no redress. For example, there are no clear statements of disciplinary consequences for behaviors that constitute sexual harassment or sexual assault (see Appendix 1 for examples from other institutions). The way in which the Board functions appears to promote reconciliation between alleged victims and perpetrators; this places the burden to resolve the incident on the victim and mitigates institutional responsibility for disciplining perpetrators. Statistics about either the incidence of sexual harassment complaints or information about their disposition are not available to the community.

A clear statement of YSM's disciplinary policy may serve to deter potential perpetrators and, as importantly, encourage victims to report sexual harassment or sexual assault. YSM'S Student Code of Conduct addresses expectations of student behavior more clearly than any other policy document. With regard to disciplinary processes, however, students believe there is a gap between the community embodied in the Code of Conduct and procedures and practices that fail to discourage sexual harassment and sexual assault.

As stated earlier, students perceive conflicts of interest for administrators in both the Office of Student Affairs and the Office of Women in Medicine in their roles as entry points for sexual harassment and sexual assault complaints. The Associate Dean of Student Affairs is responsible for writing Dean's letters for residency applicants and is necessarily involved in resolution of charges of sexual harassment and sexual assault for both victims and perpetrators. The work of the YMS Ombudsperson and the Director of the Office of Women in Medicine are performed by the same person; the Ombudsperson's role is to ensure that all members of the YSM community are treated fairly and equitably, while the Director of the Office of Women in Medicine is charged with advising and advocating on issues of particular concern to women. These dual roles, inherent in the responsibilities of each position, may discourage students from reporting incidents of sexual harassment and sexual assault, particularly when they involve faculty members whom either the Associate Dean or the Director/Ombudsperson may know on a collegial or personal basis.

F) Professional environment

Students noted a difference in the professional environments between the first two years of medical school and the time spent on the wards. During the first two years, complaints of sexual harassment and sexual assault generally arise between medical students as peers.

During their clinical clerkships, some students have been surprised and angered by encounters they have had with medical residents and attending physicians. Some stated that residents and attending physicians do not seem well trained in appropriate behavior and understanding what constitutes sexual harassment or sexual assault, concluding that the administration of YSM and Yale-New Haven Hospital do not send a strong message to prohibit sexual harassment and sexual assault. Students have requested further training on how to handle common situations in the workplace. They would specifically like programs that more fully address the concerns of

medical students in a clinical environment, are taught by trained professionals, and make clear the disciplinary consequences of sexual harassment and sexual assault.

VI. Recommendations

A. Dean's Policy Statement

Because the Dean and the members of the Working Group understand the importance of making this review process as transparent and public as possible, we request that the Dean send out, via email, a statement reflecting the Yale School of Medicine's community commitment to "zero tolerance" for sexual harassment and sexual assault. A link to this report should be included in this statement. The report should be available online on the Yale School of Medicine website.

This statement should be sent to all faculty and students in the Schools of Medicine, Nursing, and Public Health, as well as to all house staff at the Yale-New Haven Hospital through the office of the Associate Dean for Graduate Medical Education. Hardcopies of this report should also be delivered to all clerkship and module directors at the School of Medicine, with additional copies made available in Harkness Hall. This is an urgent and important issue that requires immediate attention. Therefore, in the interest of advancing this process, we request that distribution of this report occurs no later than early February, 2008.

B. Sexual Harassment and Assault Resource and Education (SHARE) Center: Access and Advocacy

We recommend that staff members from the Yale University SHARE Center be invited and empowered to serve as Advocates to address incidents of sexual harassment and sexual assault at the Yale School of Medicine. We envision SHARE staff members having well-publicized weekly office hours on the Medical School campus that will enable them to provide support and advice for those who have suffered sexual harassment or sexual assault, and to participate in the planning and implementation of educational efforts at YSM. We recommend that responsibility be extended to the SHARE Center staff to include the following:

- i. An emergency response in the event of a sexual assault and/or an experience of sexual harassment. The S.H.A.R.E. Center services are available to the YSM community, 24 hours-a-day, 7-days-a-week. These services include: immediate consultations by telephone or face-to-face, scheduled meetings, and ongoing sessions as needed. The SHARE counselor should be available to help the student decide how he or she would like to proceed, explain various options, and provide information about the steps and procedures throughout the reporting process.
- ii. SHARE counselors should be available to serve as direct liaisons to the YSM student body. This can be arranged by designating one or more specific counselors for this purpose. If desired, YSM students can assist in the liaison

selection process. Specific hours can be scheduled for the SHARE liaison to be present on the YSM campus in order to encourage students to drop-in for consultations or to discuss or register a complaint. The SHARE staff will also conduct educational activities for the YSM community.

iii. The Advocate(s) designated by the SHARE Center would have responsibility for advocating with regard to scheduling issues on behalf of those who have suffered sexual harassment or sexual assault, and for those who experience stress from interacting with their alleged perpetrators. She/he would serve a role in resolving sexual harassment and sexual assault complaints that is distinct from roles of the Director of the Office of Women in Medicine, and the Associate Dean of Student Affairs.

iv. The SHARE Advocate should be the primary referral for all students seeking advice regarding sexual harassment or sexual assault, as well as for advice regarding pursuit of disciplinary action in cases of sexual harassment and sexual assault.

v. The SHARE Advocate will be responsible for compiling information from all YSM sources (including the Office of Student Affairs, the Office of Women in Medicine, DBSH proceedings) to create and disseminate an annual report on sexual harassment and sexual assault incidents.

C. Collection, Compilation and Reporting of Data

We recommend that the Office of Student Affairs modify the current E-value system to include at least two questions regarding sexual harassment; responses to these questions will be anonymous. Questions should be phrased in such a way that sexual harassment and sexual assault are specifically defined to ensure accuracy in responses and reporting. We also recommend the addition of at least one binary (yes/no) question to the survey, e.g. “Did you experience sexual harassment or sexual assault?”, so that responses can be quantified to facilitate the tracking of patterns.

We recommend that a similar evaluation be implemented for the first and second year pre-clinical students.

The SHARE Advocate will be in charge of compiling data from the E-value system used by medical students during clerkships, and communicating this information to the Dean of the School of Medicine. The Dean will be responsible for reporting this information to the YSM community on an annual basis. In the interest of promoting transparency and trust in “the system,” we recommend that the Dean’s office implement a sexual harassment and sexual assault Reporting Protocol modeled on that being developed for Yale College. Specifically, this report will include numbers of incidences that take place on any part of the grounds of the Medical Center (whether considered “on campus” or “off campus” for compliance with federal Clery Guidelines).

D. Training programs

Training should be mandatory for all individuals who serve as entry points for students seeking counsel for the resolution of incidents of sexual harassment and sexual assault. These individuals include key personnel serving in the Office of the Ombudsperson, the Office of Student Affairs, as well as Peer Advocates and Clerkship directors. Training should emphasize confidentiality. In addition, we recommend that an intake protocol be developed for all those who may be consulted regarding sexual harassment and sexual assault, so that those providing service to students can consult a checklist to ensure that they are giving students advice that is clear, consistent, and comprehensive.

E. Creation of a centralized website on Sexual Harassment and Sexual Assault for the YSM community

We recommend the creation of an easily accessible, centralized website of YSM's Policies, Procedures, and Resources for Resolving Incidents of Sexual Harassment and Sexual Assault. A link to this website should be available on websites of the Yale School of Medicine, the Office of Student Affairs, and the Office of Women in Medicine. The centralized website would include:

1. Descriptions, policy statements, and disciplinary procedures that the YSM utilizes to resolve sexual harassment and sexual assault incidents.
2. A step-by-step resource guide outlining options and decision making points for students who are victims of incidents of sexual harassment or sexual assault.
3. Emergency contact information.
4. A review of the legal rights and legal recourse for victims of sexual harassment or sexual assault. This would include information regarding the time frame necessary for reporting of incidents, collection of evidence, and options for pursuing internal YSM sexual harassment or sexual assault procedures and/or external legal procedures.
5. Hyperlink to the Dean's Board on Sexual Harassment website.

We recommend changing the heading of the "Mental Health and Counseling Center" Webpage to include definitions and descriptions of sexual harassment and sexual assault and a hyperlink to the S.H.A.R.E. Center site so that individuals accessing the site through search engines will not have difficulty locating YSM's policies and resources.

F. Amendments to language of YSM policy documents

The vague language currently included in the policy document "Grievance Procedures for Complaints of Sexual Harassment Brought by Faculty, Students, & Postdoctoral Fellows at the Yale University School of Medicine" should be replaced with a clear, "zero-tolerance" statement that sexual harassment and sexual assault will not be tolerated at the Yale School of Medicine. The language should include clear statements of the consequences of engaging in sexual harassment or sexual assault; resulting disciplinary action should be made explicit (see Appendix 1 for example from Johns Hopkins).

Policy statements should be amended to specify exactly how the Code of Conduct is enforced.

G. Office of Student Affairs: Separation of roles

Because of the conflict of interest that it poses, the role of disciplining students responsible for acts of sexual harassment or sexual assault should not be held by the same individual entrusted with writing letters of recommendation for residency placements.

While the Associate Dean of Students will continue to serve as one of the entry points for students who have experienced sexual harassment or sexual assault, she/he will make a direct and immediate referral to the SHARE Advocate for those students who wish to pursue further options or counseling to resolve their complaints.

The SHARE Advocate should be the primary referral for all students seeking advice regarding sexual harassment or sexual assault, as well as for advice regarding the pursuit of disciplinary action in cases of sexual harassment and sexual assault.

H. Office of Women in Medicine: Separation of roles

While the Director of the Office of Women in Medicine will continue to serve as one of the entry points for students who have experienced sexual harassment or sexual assault, she/he will make a direct and immediate referral to the SHARE Advocate for those students who wish to pursue further options or counseling to resolve their complaints.

The SHARE Advocate should be the primary referral for all students seeking advice regarding sexual harassment or sexual assault, as well as for advice regarding the pursuit of disciplinary action in cases of sexual harassment and sexual assault.

I. Reforms to the YSM Dean's Board on Sexual Harassment

We recommend that a vigorous reappraisal be undertaken to assess the structure, functioning, and composition of the Board. The appraisal should be completed by June 2008 and implemented in the Fall Term 2008.

Procedures and issues to be examined include (but are not limited to):

- Assessment and rationale for membership on the Board, including student representation.
- Preparation and training of Board members to hear cases of sexual harassment and sexual assault, including determination of Board members' potential conflicts of interest.
- Formal standards for disciplining YSM community members found to have engaged in sexual harassment or sexual assault.
- Confidential documentation of proceedings for complainants and respondents.
- Annual reporting of utilization of DBSH and a record of its disciplinary actions.

J. Enforcing Accountability

An annual review of incidents of sexual harassment and sexual assault at YSM (including the activities of the Dean's Board on Sexual Harassment) should be reported to a publicly accessible website and emailed to all members of the medical school campus community on an annual basis. The SHARE Advocate will be responsible for compiling this information from all YSM sources, (including the Office of Student Affairs, the Office of Women in Medicine, DBSH proceedings). We recommend that the Dean appoint a Review Committee that will be responsible for conducting this annual review, and that the Committee should be composed of students and faculty, following the precedent of similar committees appointed to examine educational matters and other aspects of student life. Students should be elected by the student body, with one student serving per class year. Faculty should be appointed by the Dean of the Medical School. The committee would be responsible for providing input into the SHARE Advocate's effectiveness, examining the data provided through anonymous reports to all entry points for reporting sexual harassment and sexual assault at YSM, and reviewing the enforcement of current protocols.

K. Follow-up to this report

One year from the distribution of this report, the Dean should ask the members of this Working Group or a similarly representative group to reconvene and review the progress in acting upon these recommendations and to report the progress to the Dean.

Appendices:

1. Policies of other institutions regarding sexual harassment and sexual assault.
2. Current policy at the Yale School of Medicine.

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Policies of other institutions regarding sexual harassment and sexual assault

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1 Points of entry for students

1.1 Brown

Our group thought the clearest point of entry from the student perspective came from Brown Medical School.

When you Google "Brown Medical School sexual harassment", you get <http://bms.brown.edu/wim/policy.html>.

Three key features of the website are:

- a) a clear copy of the school's policy, with resource numbers and details of the procedure that will be followed by all university officials;
- b) contact information for the school's three personnel responsible for following-up on medical student complaints of sexual assault or harassment; and
- c) a copy of the form that all medical students (at any stage in their schooling) fill out to describe the incident and clarify the reporting student's desire for action/confidentiality as well as the signature of the responsible university official receiving the form (e.g., one of the three appointed persons):

<http://www.brown.edu/Administration/EEO-AA/images/shrf.sudents.pdf>

1.2 University of Chicago

<http://pritzker.uchicago.edu/current/students/ombudsmen.shtml>

The Pritzker School's policies were similar. They include:

- a) a clear copy of the school's policy,
- b) resource numbers to call, and details of the procedure;
- c) a copy of the guide to services, with a protocol for students to follow if they think they are being harassed or have been assaulted.

Unlike Brown, they do not include a form for students. However, the two contact persons are faculty members elected by the student body to serve as "advocates" and the primary contact people to guide the student through the process.

1.3 Washington University, St. Louis

<http://aladdin.wustl.edu/facilities/facility.nsf/Protective/54E5D80127342BC386256AD400583CE7>

<http://medschool.wustl.edu/students/policies.html>

WUSL's policies are also similar. They include:

- a) a clear copy of the school's policy;
- b) definitions of harassment/assault, and examples;
- c) a confidentiality statement;
- d) contact information for four "sexual harassment coordinators and advisors";
- e) informal and formal complaint process description;
- f) details of sanctions.

1.4 University of Washington

The medical school at UWash has a separate, free counseling office:

<http://www.uwmedicine.org/Education/MDProgram/StudentAffairsAndServices/CounselingService/>

They refer assaulted students to one of four Seattle-area services:

<http://www.uwmedicine.org/Education/MDProgram/StudentAffairsAndServices/CounselingService/Resources.htm>

Their policies on harassment are not as clear as the aforementioned schools. However, they do specify harassment and assault definitions, standards of behavior, and procedures in the contracts for physicians and residents:

<http://www.uwmedicine.org/NR/rdonlyres/A767821F-AF62-43A4-AE62-61CABBF9AC59/0/RPA0607.pdf>

<http://www.uwmedicine.org/NR/rdonlyres/ADD861A9-F3E9-4DF7-8DDC-2663F2330A6F/0/FPA0607.pdf>

1.5 University of Pennsylvania

UPenn has a “sexual harassment handbook” that immediately comes up on Google:

<http://www.upenn.edu/affirm-action/shhandbook.html>

It includes:

- a) Definitions and examples;
- b) Policies regarding consensual relationships;
- c) Who to contact;
- d) Procedures that will be followed by university officials who receive a complaint;
- e) Statement of confidentiality.

They also employ a form that goes to a central university office, to initiate investigations:

<http://www.upenn.edu/affirm-action/DiscriminationFrm.pdf>

2 Follow-up protocols

We have detailed one follow-up protocol (Brown) and summarized how other protocols are similar or different from it, since it is the clearest and most thorough protocol we could find.

2.1 Brown

<http://www.brown.edu/Administration/EEO-AA/sexpol1.html>

Brown's policy starts with a "no tolerance" statement and definitions of sexual harassment and assault. This is followed by the protocol for following-up complaints:

<http://www.brown.edu/Administration/EEO-AA/sexpol2.html>

The protocol is summarized as follows:

- a. Three personnel responsible for complaints are trained in sexual assault counseling. University officials who face a student complaint are told to refer the student to these three persons. The three liaisons give the student a form to complete, and follow the same flowchart for any student complaint. They first coordinate any referrals to medical services, scheduling or personnel matters, and referrals to the police. Then, they discuss:
 1. the details of the informal and formal grievance process;
 2. the issues involved;
 3. possible resolutions;
 4. provisions in the policy for protection of the grievant's interest (e. g., parameters of confidentiality; need for truthfulness by all parties; keeping the grievant fully informed of steps taken during the process; protection of the grievant and witnesses against retaliatory action);
 5. provisions in the policy for protection of the interests of the accused (e. g., parameters of confidentiality; need for truthfulness by all parties, right to be notified of existence of any formal grievance; opportunity to respond to the grievant's allegations);
 6. that use of an informal resolution method does not prevent the grievant from later deciding to use the formal method, nor does the use of any internal grievance method prevent the grievant from utilizing external grievance resolution resources."

- b. Once the above information has been discussed with the student, the individual may then decide whether to:
 1. do nothing (rarely recommended);
 2. take personal action (such as a letter to the alleged harasser);
 3. request third-party informal resolution;
 4. request a formal investigation and resolution of the grievance.

When the person seeking assistance desires to utilize the Brown University Informal or Formal Grievance Resolution Procedures, the University resource person (if not an informal/formal resolution official) will make the referral and establish an appointment with the appropriate University informal or formal grievance resolution person as requested by the individual requiring assistance."

- c. Informal resolution consists of the following:
- "The aim of the informal grievance resolution process is not to determine whether there was intent to harass but to ensure that the alleged offending behavior ceases and that the matter is resolved promptly at the lowest possible level. Intent is not generally relevant to defense of sexual harassment behaviors. In fact, sexual harassment need not be intentional. Under Brown's sexual harassment policies, the intent of the person who is alleged to have behaved improperly is not relevant to determining whether a violation of Brown's policy has occurred. The relevant determination is whether a reasonable person could have interpreted the alleged behavior to be sexual. No disciplinary action is taken in resolving informal grievances. Hence, informal grievance resolution procedures should not be used for severe cases of sexual harassment/sexual assault, nor should they be used when the alleged harasser has been the subject of a previous formal grievance...
- In severe cases of sexual harassment/sexual assault or instances involving a repeated offender, the University may conduct a University-generated investigation if there is sufficient reason to believe that sexual harassment/sexual assault could have or does exist. Some informal actions that may be appropriate are:
1. Writing a confidential letter to the alleged harasser informing him/her of the negative behavior, the resulting impact on the writer, and what the writer wants next, usually "I want the behavior stopped", or "I want to be treated the way a student or fellow employee should be treated".
 2. Asking that a workshop be conducted for the unit/division.
 3. Asking that someone speak to the alleged offender.
 4. Meeting with the alleged offender and a third party to explain the grievant's feelings and the University's policy.
- Possible outcomes of an informal process include:
1. The grievance is resolved to the satisfaction of both parties.
 2. Grievance not resolved: In cases where resolution of the grievance is not possible, the University Resource Person will advise the grievant of the option of filing a formal grievance within the University and the options outside the University that may be pursued, i.e., filing with the R. I. Commission for Human Rights, EEOC, and/or the Office of Civil Rights."
- d. The formal resolution process is as follows:
- A board is called by: (a) the Dean if a student is the alleged; (b) the Provost if a faculty member is the alleged; (c) the Office of Equal Employment if staff are alleged. The board then starts the following investigation:
- "The specific issues to be investigated/reviewed may include but are not limited to:
1. Whether the specific conduct has occurred and constitutes a violation of Brown's sexual harassment policies, the type(s) of conduct; frequency of occurrence; date(s) on which or time period over which the conduct has occurred; location of alleged occurrence and all factual circumstances upon which the grievance is based;
 2. The specific relationship of the respondent to the grievant (e.g., professor-student, supervisor-employee, employee-student, etc.);
 3. The effect of the respondent's conduct on the grievant, including any consequences that may be attributed to the conduct;
 4. Whether the respondent is aware of the grievant's concerns;

5. Whether the department chair or supervisor is aware of the grievant's concerns;
6. The names of witnesses having factual knowledge of the circumstances surrounding the grievance;
7. Whether any prior steps were taken to resolve the grievance; and/or
8. Whether there are any additional resources that may be helpful to resolve the grievance.

Please Note: Sexual harassment need not be intentional. Under Brown's sexual harassment policies, the intent of the person who is alleged to have behaved improperly is not relevant to determining whether a violation of Brown's policy has occurred. The relevant determination is whether a reasonable person could have interpreted the alleged behavior to be sexual.

Some possible outcomes of a formal investigation include:

1. a finding that there is a reasonable basis for believing that the alleged violation occurred;
- or
2. a finding that there is no reasonable basis for believing that the alleged violation occurred; or
3. a finding that there is a reasonable basis that other misconduct may have occurred.”

This may be concluded with a decision to impose sanctions, which are conducted: “In cases involving a faculty member, (contract and/or adjunct), or other instructional personnel as the respondent, by the Provost or the Provost's designee. In cases involving a staff person as the respondent, by the senior officer for the department/unit employing the charged party or by that person's designee. In cases involving a student as the respondent, by the Senior Associate Dean of Student Life or the Dean's designee. Appropriate sanctions may range from a written reprimand up to and including separation of the offending party from the University in accordance with established University procedures. In addition to the University disciplinary process, rape and other forms of sexual assault may be prosecuted criminally by the Attorney General of the State of Rhode Island. Use of the University procedures, or a lack thereof, does not preclude a grievant from filing charges under State criminal statutes. Both parties should be informed of the existence of their rights in other forums.” An appeals process is also provided, in the event that new information becomes available.

2.2 Stanford

Unlike Brown, Stanford's policy is centralized through a specific University office rather than through a separate medical school mechanism:

<http://www.stanford.edu/dept/shpo/>
http://adminguide.stanford.edu/23_2.pdf

Stanford's policy is very similar to Brown, including:

- a) Statement of no tolerance, and definitions of harassment and assault;
- b) Contact information for designated Sexual Harassment Advisers;
- c) Two mechanisms of action: informal (“direct communication” and “third party intervention”) and formal (“grievance investigation”)
- d) Investigation of complaints by the office, listed disciplinary procedures, and an appeals process to a higher Stanford office if the complainant is dissatisfied.

Stanford's policy differs in that one administrator in the office is responsible for investigation, rather than a board. There is also no designated complaint form for students to complete. Unlike Brown, the policy specifies what consensual relations are, and further states: "There are special risks in any sexual or romantic relationship between individuals in inherently unequal positions, and parties in such a relationship assume those risks... Where such a relationship exists, the person in the position of greater authority or power will bear the primary burden of accountability, and must ensure that he or she — and this is particularly important for teachers — does not exercise any supervisory or evaluative function over the other person in the relationship. Where such recusal is required, the recusing party must also notify his or her supervisor, department chair or dean, so that such chair, dean or supervisor can exercise his or her responsibility to evaluate the adequacy of the alternative supervisory or evaluative arrangements to be put in place."

2.3 University of Chicago

<http://pritzker.uchicago.edu/current/students/ombudsmen.shtml>

Pritzker's policies are similar to Brown's, in that two tiers of interventions are permitted ("mediation" and "formal"), and the guidelines for both procedures are specified. A protocol for the informal process is clearly outlined, which includes a meeting with an advisor trained in sexual assault. Within the formal complaint process, a panel is called to investigate. Like Brown, reports from the panel go to the Dean of the medical school if the accused is a student, to the Provost if the accused is faculty, and to the Office of Human Resources of the medical school or the hospital if the accused is staff at either location. Like Stanford, the policy specifies requirements for faculty if they are involved in consensual relationships with students.

There are two unique aspects of the Chicago policy:

- a) statistics and brief, anonymized summaries of all complaints go to the student senate at the end of each year;
- b) two ombudspersons are elected from the faculty by the students, and serve as student advocates and the primary contacts for students. They are not allowed to be involved in other aspects of student evaluation.

2.4 Hopkins

<http://www.jhuuaa.org/>

Hopkins is similar to Stanford in that it has a separate office, as part of the larger university, to which student complaints are reported. The office includes a more extensive reporting form than Brown:

<http://jhuuaa.org/Text/ComplaintForm.doc>

Their follow-up protocol is less clear than Brown's, in that the Office investigates the matter but does not specify the process of investigation. However, complaints related to medical students are reported to the Dean of the medical school, and follow a more specific protocol than at the previous schools. The process for addressing complaints against a medical student is:

<http://www.hopkinsmedicine.org/som/students/policies/discipline.html>

- a) "A student's record within the School of Medicine will contain documentation reflecting conduct during the period of enrollment.
- b) A student will have access to his School record, including those documents, if any, reflecting conduct, in accordance with the standards set forth in the Family Educational Rights to Privacy Act and applicable University policy. The University's policy on access to and release of student records is published annually and a copy may be obtained from the Office of the Registrar of the School of Medicine.
- c) When information reaches the School indicating that a student has engaged in behavior unbecoming a physician and/or a medical scientist, the student will be requested to confer with the Associate Dean for Student Affairs.
- d) Where a matter involving student conduct cannot be resolved to the satisfaction of the Associate Dean for Student Affairs, or where the gravity of the acts with which the student is charged appears to warrant further attention, the Dean of the Medical Faculty will appoint an ad hoc committee of the Advisory Board of the Medical Faculty to hear the charge of misconduct. The Committee may include such other persons, for example, student peers, as may be deemed appropriate. Each person appointed to the ad hoc committee shall be free of bias or personal interest in the matter. The Dean, Vice Dean, Associate Dean and Registrar shall be non-voting ex-officio members of the ad hoc committee. The Dean, Vice Dean, or an Associate Dean shall preside at meetings of the ad hoc committee and may vote when the ad hoc committee is equally divided on a question.
- e) A student charged with misconduct will be given written notice of the charges and of the date and time of the Committee hearing. Prior to the hearing an accused student shall be given access to all documentary evidence to be presented against him. An accused student may request an opportunity to consult with the Dean, Vice Dean, or an Associate Dean prior to a hearing.
- f) A student may be accompanied to the hearing by a faculty member or student advisor. Representation of the accused student or the accusing party at the hearing by attorneys will not be permitted.
- g) In the course of the hearing, a student will be given the opportunity to present evidence and witnesses in his behalf, to question all witnesses, and to make statements to the Committee.
- h) Members of the ad hoc committee may ask questions of the student charged and of witnesses appearing before the Committee.
- i) A hearing before the ad hoc committee will be closed and persons other than Deans appearing as witnesses will be asked to absent themselves before and after their testimony. Parents of the accused student will be permitted to accompany a student throughout the hearing, and, if they should wish to do so, to make a statement.
- j) A hearing shall be recorded but the deliberations of the ad hoc committee shall not be recorded. Following the hearing, the accused student shall be permitted to listen to the recording upon request, but all copies of the recording shall remain in the School's possession.
- k) All parties, witnesses, and representatives shall be excused at the conclusion of the hearing and the ad hoc committee shall deliberate privately. The Committee shall make

findings as to the truth or falsity of the charges against the student and, where necessary, shall submit to the Dean a recommendation of a penalty.

- l) The options for disciplinary action, should the Committee decide that the student's behavior warrants discipline, will include, but will not necessarily be limited to the following:
 - a. Reprimand without probation or suspension.
 - b. Probation for a specified time period or until explicit* conditions are met. Review and final decisions to be administrative.
 - c. Suspension for a specified time period or until explicit* conditions are met. Review to be administrative.
 - d. Suspension for a specified time or until explicit* conditions are met. Review by the ad hoc committee of the Advisory Board.
 - e. Unconditional Expulsion
- *Explicit conditions are to be unambiguous and as objective as the conditions allow.
- m) A student may appeal an adverse decision to the Dean of the School of Medicine, or, in the absence of the Dean, appeal may be made to the Vice Dean or an Associate Dean. A student may appeal an adverse decision of the Dean, Vice Dean, or Associate Dean to the Provost of the University.
- n) A student may attend classes pending the proceedings before the ad hoc committee unless the student is judged by the Dean, Vice Dean, or Associate Dean to be a danger to himself or others. A student must seek the permission of the Dean, Vice Dean, or Associate Dean in order to continue the educational program pending appeal from the recommendations of the ad hoc committee."

2.5 Washington University St. Louis

In addition to having a similar university-wide mechanism to deal with sexual harassment and assault complaints through a grievance board, UWash specifies a mechanism to additionally deal with complaints involving such concerns where they involve a medical student and a superior: <http://medschool.wustl.edu/students/teacher.html>

"The Associate Dean for Medical Student Education will be responsible for hearing complaints of student abuse...He/she will be responsible for reviewing the complaint and obtaining additional information. If the initial review discloses that the complaint warrants further review, he/she will convene an ad hoc committee to hold a hearing. The accused will be notified in writing of the complaint and the policy for handling such complaints, and will be invited to attend the hearing. A confidential copy of the notification will be sent to the accused's department chair (for faculty and residents), training program director (for residents), or the Associate Dean for Student Affairs (for students)."

2.6 Cornell

Weill Medical College parallels the above protocols, but specifies some additional administrative activities that the school will engage in if a student reports being the victim of sexual harassment or assault:

“The Medical College will change a victim's academic or living situation after an alleged sexual offense if requested by a student and reasonably available. Disciplinary action in the case of an alleged sexual offense may be available under various policies and procedures including the applicable code of conduct, and the employee and academic grievance procedures. The accuser and the accused will each be permitted the same opportunities to have others present during a disciplinary proceeding. Additionally, both the accuser and the accused will be informed of any outcome of any institutional disciplinary proceeding involving a sex offense. Sanctions which may be imposed by the Medical College following a determination of a disciplinary proceeding regarding rape, acquaintance rape, or other forcible or non-forcible sex offenses include suspension and dismissal from academic programs and termination of employment.”

2.7 University of Michigan

The school has clear guidelines regarding discipline following any acts of unprofessional behavior:

<http://www.med.umich.edu/medstudents/policies/Procedures2006.pdf>

In addition to paralleling the Hopkins disciplinary protocol, the Michigan protocol includes: “If a student’s behavior poses potential for danger to patients, staff, or other students, or faculty, the department can take immediate action to suspend the student temporarily from his/her responsibilities. Within two working days of a suspension, or as soon as practicable, the Department Chair or designee must: begin fact-finding, including providing the identified student with an opportunity to meet with the Chair or designee, and notify the Associate Dean for Student Programs of the incident and of any action taken. Within two additional working days, or as soon as practicable, the department will conduct a review of the case, and decide whether or not further action is indicated. If further action is indicated, the Department will make a formal recommendation to the Associate Dean for Student Programs. If further action is not indicated, the department will notify the student and the Associate Dean for Student Programs. In cases where a recommendation is forwarded from the faculty/department, the Associate Dean for Student Programs may determine that no further action is indicated or may refer the case to the Associate Dean for Medical Education, who will convene a Hearing Committee for further action.”

3 Training procedures

3.1 Stanford

Stanford School of Medicine started a program to educate faculty and students to diminish sexual harassment, following a high profile resignation of a neurosurgeon:

<http://query.nytimes.com/gst/fullpage.html?sec=health&res=9E0CEEDD153AF930A15750C0A964958260>

The following article was published in May 2000 to review the impact of the program: Jacobs CD, Bergen M, Korn D. Impact of a Program to Diminish Gender Insensitivity and Sexual Harassment at a Medical School. *Academic Medicine*. 75(5):464-469, 2000.

The authors developed a survey instrument to assess perceptions regarding environment (five scales) and incidences of sexual harassment. Participants were surveyed twice during the interventions (1994 and 1995). “Between the two years, the authors measured significant improvements in mean ratings for positive climate ($p = .004$) and cohesion ($p = .006$) and decreases in perceptions of sexual harassment ($p = .0006$), gender insensitivity ($p = .001$), and gender discrimination ($p = .004$). The faculty also reported fewer observations of harassing behavior during the study period.”

The training consisted of: “required that all faculty attend sexual-harassment education sessions, ...provided sexual-harassment workshops for students, established a diversity council to address issues of gender and ethnicity and report to the dean, and contributed to the strengthening of university-wide procedures for dealing with sexual harassment...In 1991, the dean sent a message to the entire medical school community affirming a policy of zero tolerance for sexual harassment and calling attention to issues of gender insensitivity and its adverse impact on the community. Between 1992 and 1994, 50 faculty in leadership positions, including deans, department chairs, and program directors, attended one- or two-day diversity retreats. These were conducted by an experienced and highly regarded consulting team (Equity Institute, Emeryville, CA). The objectives of these retreats were to improve individual insight and enhance sensitivity regarding issues of gender and race, to assist leaders in implementing practical strategic changes, and to develop broad leadership on these issues....In 1994, the dean made participation in sexual-harassment workshops mandatory.”

The description of the medical student training exercise is provided in more detail in a separate article: Jacobs C, Bergen M. A sexual harassment workshop for medical students. *Acad Med*. 1995;70:434–5. The following is an excerpt:

Description: We have designed and conducted a 2½-hour workshop in which medical and graduate students learn what legally constitutes sexual harassment, develop strategies to confront this behavior, and develop skills to prevent and interrupt sexual harassment. Directed by two trained leaders, attendees actively participate in small-group exercises to define sexual harassment and describe reactions of “recipients.” The legal definition and common misperceptions are covered in lectures. Students learn how to assess an incident, are given tips on what to say, and learn about the importance of the “meta-message.” They learn to assess and handle an incident through role playing, using three cases, and they develop a variety of strategies. Finally, they are given the school’s policy and procedures and are encouraged to build alliances.

Discussion: To date, five workshops have been conducted and they have been well received. We have modified the workshop based on student advice from focus groups; specifically, we have added more skills development and role playing. We have encountered two major pitfalls. The first is “sidetracking.” Groups often begin to intellectualize about the issue of sexual harassment, leaving less time for skills development; also, the students often begin to tell personal stories. The second problem we call “opening Pandora’s box.” If sexual harassment has not been discussed in any formal way before the workshop, students may become quite upset when the problem is acknowledged.

We will continue to hold workshops and we plan to extend them to postdoctoral fellows and house staff.

Evaluation: Immediately before and after the workshop, the students complete an instrument that measures their knowledge of the topic and their ability to assess incidents. Focus groups give additional feedback. In addition, the entire student body receives a yearly survey that assesses the medical school’s climate and how frequently students experience or observe behaviors categorized as sexual harassment.

To review the impact of these trainings, a survey is available in the literature, which is now administered annually to Stanford medical students:

Bergen MR, Guarino CM, Jacobs CD. A climate survey for medical students: a means to assess change. *Eval Health Prof.* 1996;19:30–47.

The training video is also available on the web, but requires a Stanford email address:

http://www.stanford.edu/dept/shpo/training_students.html

3.2 Hopkins

Johns Hopkins requires faculty, staff, and students to complete sexual harassment training each year, which is designed by a body of legal experts on sexual harassment law. Recipients have the choice of three training sites: (1) through a scheduled departmental training (for faculty), (2) online, through the secure training system used for HIPAA and IRB training, or (3) through school-wide trainings in the medical school auditorium.

The training video is available at:

http://www.hopkinsmedicine.org/fac_development/video/sexualharrasment_laguerre-brown.wmv

The student online training session (University-wide) and follow-up exams are available at:

<http://training.newmedialearning.com/psh/jhu/student/message.htm>

Yale University Statement on Sexual Harassment

Sexual harassment is an affront to human dignity and fundamentally at odds with the values of Yale University. Because the University is committed to maintaining a community for study and work that is free from sexual harassment, the University will not tolerate any member of that community sexually harassing another.

Sexual harassment is antithetical to academic values and to a work environment free from the fact or appearance of coercion. It is a violation of University policy and may result in serious disciplinary action. Sexual harassment consists of nonconsensual sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature on or off campus, when: (1) submission to such conduct is made either explicitly or implicitly a condition of an individual's employment or academic standing; or (2) submission to or rejection of such conduct is used as the basis for employment decisions or for academic evaluation, grades, or advancement; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating or hostile academic or work environment. Sexual harassment may be found in a single episode, as well as in persistent behavior. Conduct that occurs in the process of application for admission to a program or selection for employment is covered by this policy, as well as conduct directed toward University students, faculty or staff members.

This text is available online here:

<http://www.yale.edu/equalopportunity/policies/>