



**Policy on Learner Mistreatment (formally the Teacher-Learner Relationship)  
For all Faculty and SMHS Students**

Section: 2 and 4  
Policy number: 2.5 and 3.12  
Responsible Office: Office of Student Affairs and Admissions  
Issued: 05.04.15  
Latest Review: 09.12.17

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### POLICY STATEMENT

“The teacher-learner relationship should be based on mutual trust, respect and responsibility. This relationship should be carried out in a professional manner in a learning environment that places strong focus on education, high quality patient care and ethical conduct” (the AMA section on Medical Schools in cooperation with the AMA Student and Resident Sections and reflects the policy of the SMHS).

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### REASON for POLICY

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance and leadership in learning. The teacher can expect the learner to make an appropriate investment of energy, time and intellect to acquire the knowledge and skills necessary to become an effective professional practitioner. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities.

Health care education programs at the School of Medicine and Health Sciences (SMHS) include developing an understanding and appreciation of professional behavior. Individuals learn professional behavior in many circumstances including through observation of their teacher role models.

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### SCOPE of POLICY

This policy applies to:

Deans, Directors, and Department Heads

Managers and supervisors

Students

Others:

Faculty

Staff

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## WEB SITE REFERENCES

Policy Office	<a href="http://www.med.und.edu/policies/index.cfm">http://www.med.und.edu/policies/index.cfm</a>
Code of Student Life	<a href="http://und.edu/code-of-student-life/">http://und.edu/code-of-student-life/</a>
Faculty Handbook	<a href="http://und.edu/university-senate/faculty-handbook/">http://und.edu/university-senate/faculty-handbook/</a>
Office of Equal Opportunity/Affirmative Action	<a href="http://und.edu/affirmative-action/">http://und.edu/affirmative-action/</a>
Title IX Office	<a href="http://und.edu/affirmative-action/title-ix/index.cfm">http://und.edu/affirmative-action/title-ix/index.cfm</a>
Residents as Teachers	<a href="https://med.und.edu/policies/residents-as-teachers.html">https://med.und.edu/policies/residents-as-teachers.html</a>

## CONTENTS

<b>Policy Statement</b> .....	<b>1</b>
<b>Reason for Policy</b> .....	<b>1</b>
<b>Scope of Policy</b> .....	<b>1</b>
<b>Web Site References</b> .....	<b>2</b>
<b>Definitions</b> .....	<b>4</b>
<b>Related Information</b> .....	<b>5</b>
<b>Contacts</b> .....	<b>5</b>
<b>Principles</b> .....	<b>5</b>
<b>Procedures</b> .....	<b>7</b>
<b>Responsibilities</b> .....	<b>13</b>
<b>Forms</b> .....	<b>13</b>
<b>Revision Record</b> .....	<b>13</b>
<b>Form</b> .....	<b>14</b>

## DEFINITIONS

Complaint recipient (CR)	<p>For the purposes of this document this will refer to the person responsible for overseeing teacher-learner complaints for each program or program section. Any learner (except residents) may utilize the Dean of Students on the undergraduate campus. The Complaint Recipient for the programs or program sections are listed below.</p>														
	<table border="1"> <thead> <tr> <th data-bbox="605 470 1019 512">Program or Program section</th> <th data-bbox="1019 470 1435 512">Complaint recipient</th> </tr> </thead> <tbody> <tr> <td data-bbox="605 512 1019 606">Years one and two of the medical program</td> <td data-bbox="1019 512 1435 606">Associate Dean for Education and Faculty Affairs at SMHS</td> </tr> <tr> <td data-bbox="605 606 1019 701">Years three and four of the medical program</td> <td data-bbox="1019 606 1435 701">Senior Associate Dean for Medicine and Research at SMHS</td> </tr> <tr> <td data-bbox="605 701 1019 774">Health science programs</td> <td data-bbox="1019 701 1435 774">Associate Dean for Health Sciences at SMHS</td> </tr> <tr> <td data-bbox="605 774 1019 848">Residents</td> <td data-bbox="1019 774 1435 848">Designated Institutional Official at SMHS</td> </tr> <tr> <td data-bbox="605 848 1019 974">GTA</td> <td data-bbox="1019 848 1435 974">Associate Dean for Education and Faculty Affairs at SMHS</td> </tr> <tr> <td data-bbox="605 974 1019 1157">Undergraduates taking courses at the SMHS</td> <td data-bbox="1019 974 1435 1157">Dean of Students on the undergraduate campus and/or Associate Dean for Student Affairs and Admissions at the SMHS</td> </tr> </tbody> </table>	Program or Program section	Complaint recipient	Years one and two of the medical program	Associate Dean for Education and Faculty Affairs at SMHS	Years three and four of the medical program	Senior Associate Dean for Medicine and Research at SMHS	Health science programs	Associate Dean for Health Sciences at SMHS	Residents	Designated Institutional Official at SMHS	GTA	Associate Dean for Education and Faculty Affairs at SMHS	Undergraduates taking courses at the SMHS	Dean of Students on the undergraduate campus and/or Associate Dean for Student Affairs and Admissions at the SMHS
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SMHS	School of Medicine and Health Sciences														
Student	All students enrolled in programs affiliated with SMHS whether on or off campus. In some situations, Residents and GTAs may be considered students. Students shall be considered learners for the remainder of this document.														
Residents	Those individuals in a post-graduate medical education residency. Depending on the situations, they may be teachers and/or learners.														
FAC	Faculty Academic Council														
Faculty	Anyone with a SMHS academic or clinical appointment from SMHS.														
GTA	Graduate Teaching Assistant: graduate students who have teaching-related responsibilities and in some situations may be either teachers or learners.														
SMHS Staff	All School of Medicine and Health Sciences staff as well as hospital and clinic staff.														
Hospital Staff	Those individuals at the clinical site who are identified as teachers within the institutional affiliation agreement.														
Professional Behavior	The definition of professional behavior is that which conforms to the technical and ethical standards of one's profession and may be slightly different for each of the SMHS programs.														

Course	The term course shall refer to a unit of education which may include acting internship, rotation, or an elective, class room, clinical or field work experiences.
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## RELATED INFORMATION

Student Grievance Policy	<a href="https://med.und.edu/policies/_files/docs/3.9-student-grievance.pdf">https://med.und.edu/policies/_files/docs/3.9-student-grievance.pdf</a>
SMHS Policy Page	<a href="http://www.med.und.edu/policies/index.cfm">http://www.med.und.edu/policies/index.cfm</a>
Discrimination Policy	<a href="http://und.edu/affirmative-action/harassment.cfm">http://und.edu/affirmative-action/harassment.cfm</a>
Title IX/ EEOC and Affirmative Action office	<a href="http://und.edu/affirmative-action/title-ix/index.cfm">http://und.edu/affirmative-action/title-ix/index.cfm</a>

## CONTACTS

General questions about this policy can be answered by your department's administrative office. Specific questions should be directed to the following:

Subject	Contact	Telephone/FAX	Email contact
Policy clarification	Student Affairs	777.4221/777.4942	
Policy format	Dean's Office	777.2514/777.3527	judy.solberg@med.und.edu

## PRINCIPLES

- I. "The teacher-learner relationship should be based on mutual trust, respect and responsibility. This relationship should be carried out in a professional manner in a learning environment that places strong focus on education, high quality patient care and ethical conduct" (the AMA section on Medical Schools in cooperation with the AMA Student and Resident Sections and reflects the policy of the SMHS).
- II. Healthcare education includes developing an understanding and appreciation of professional behavior. Learners acquire professional behavior primarily by observing the actions of their teacher role models.
- III. Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as sexual harassment, and discrimination based on personal characteristics or sexual violence (for example sexual innuendo, inappropriate touch etc.) will never be tolerated and are prohibited by federal statute. Such behaviors shall be dealt with through the Title IX/ Equal Employment and Affirmative Action Office in accordance with federal law.
- IV. Other behaviors including personal violence, making demeaning or derogatory remarks, belittling comments or destructive criticism fall into this category and interfere with professional development. On the behavioral level, abuse may be operationally defined as behavior which is consensually disapproved by society and by the academic community as either exploitive or punishing. Examples of inappropriate behavior include, but are not limited to, the following:
  - a. Harmful, injurious, or offensive conduct

- b. Verbal attacks
  - c. Insults or unjustifiably harsh language in speaking to or about a person
  - d. Public belittling or humiliation
  - e. Threats of physical harm
  - f. Physical attacks (e.g., hitting, slapping, or kicking a person)
  - g. Requiring performance of personal services outside of the educational environment (e.g. pick up dry cleaning, babysitting, etc.)
  - h. Threatening with a lower grade or poor evaluation for reasons other than course performance
  - i. A pattern of intentional neglect or lack of communication
  - j. Disregard for others safety
- V. It is essential that both teachers and learners are aware of what is considered abuse and what is considered to be part of the learning process. For example, use of the Socratic method of teaching may be appropriate, therefore it is not mistreatment for a faculty member to point out during rounds, conferences, and similar learning situations, that a learner is not adequately prepared for his/her assignments or did not learn the required materials, unless done in a humiliating, or insulting manner.
- VI. While criticism may be part of the learning process and growth of the learner, in order to be effective and constructive, it should be handled in a way to promote learning. Negative feedback is generally more useful when delivered in a private setting that fosters discussion and behavior modification. Feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling.
- VII. Education about learner mistreatment is the cornerstone of prevention. A thorough and ongoing effort will be made to inform all involved individuals about appropriate teacher-learner relationships and how to deal with alleged mistreatment.

## PROCEDURES

- I. This policy is not intended to include complaints of discrimination on the basis of disability, race, color, sex, creed, sexual orientation, political views, veteran status, age, marital status, parental status, national origin or allegations of sexual harassment and/or sexual violence or discrimination. These are beyond the scope of this policy and protected under federal statute. These allegations are addressed through the Title IX/ Equal Employment and Affirmative Action Office in accordance with federal law.

- II. Education on policy: Learners and teachers are made aware of the policy on an annual basis. The Dean's Office will be invited to send an informative written message to all department chairs, however, it is the responsibility of the chairperson to ensure that residents and faculty are made aware of the policy.
  - A. Students, Residents, SMHS Staff, Hospital and Clinic Staff, GTAs, and Faculty are apprised of the Policy on Learner Mistreatment.
  - B. Student informed of policy. The Learner Mistreatment Policy is included on the SMHS Policies and Procedures web page. A discussion of mistreatment in general, as well as of the policy in particular, will take place during the initial orientation. Additionally, each student must attest to having read and understand the policy. Each course director is encouraged to include this policy in course-related materials.
  - C. Resident informed of policy. Clinical Sciences Chairs shall assure that all residents in their departments are aware of the SMHS policy on the appropriate treatment of learners. A discussion of mistreatment in general, as well as of the policy in particular, takes place each year during orientation. It should be noted that depending upon the specific situation residents may be considered teachers and/or learners.
  - D. SMHS Staff informed of policy. The Department Chairs convey the information to all SMHS Staff so that they are aware of the SMHS policy on the appropriate treatment of learners and of this policy.
  - E. Hospital and Clinic Staff informed of policy. They are apprised of the policy by the employing institution as stated in the Institutional Affiliation Agreements.
  - F. Faculty informed of policy. Department Chairs shall convey the information to all faculty so that they are aware of the SMHS philosophy on the appropriate treatment of students and of this policy.
- III. Resolution Process. Any learner who feels that he or she may have been subjected to mistreatment of any kind by residents, faculty, graduate teaching assistants (GTAs) or staff may select several options for dealing with the mistreatment depending on the situation. The involved student has both informal and formal options available. The learner should contact the complaint recipient who oversees the department where the incident occurred. If the complaint recipient is the focus of the incident complaint, the learner should contact the next highest level of supervision. Whenever possible the student is encouraged, but not required, to seek remedy at the most informal level which will adequately and appropriately address the student's concerns.

Whenever an incident of mistreatment is reported, the SMHS shall attempt to resolve the issue in a rapid and efficient manner, thereby maintaining a healthy teaching and learning environment. The SMHS will ensure that this process shall be free of retaliation. Confidentiality is critical, and no information may be provided to individuals not directly involved in the process. However, failure to disclose information does not insure anonymity because of the small class sizes.

- A. Informal resolution. The written record shall be retained in an informal resolution but it will not become a part of the alleged offender's file. Records shall be maintained for the purpose of annual anonymous reporting of incidents to the Faculty Academic Counsel and to audit for possible recurrence of mistreatment issues. It is unlikely that anonymity of the learner will be maintained in informal resolution however the learner name will not be shared without a need to know and/or learner approval. It should be noted that anonymous reports may not be

evaluated due to the inability to identify specific behavior, question the complainant, or to assure the rights of the accused.

1. Teacher-Learner Level. A learner may meet with the teacher involved in the complaint and come to an informal and mutually agreed upon resolution of the problem. The learner may bring a representative of the program (or campus) to aid in dispute resolution. Representatives could include chief residents, program directors, administrators, advisors, faculty or other officials. This option is available to all learners. Learners may choose to meet with the clinical course director or field work coordinator who will then address the situation with the department chair and/or teacher.
  2. Department Level. A learner may choose this option initially or if III. A. 1. is ineffective. The learner addresses the complaint to the department chair who addresses the situation with the teacher. This option is available to all learners.
  3. Campus Level. This is a process reserved for third and fourth year medical students who are on one of four clinical campuses or health science students on fieldwork; the learner addresses the complaint to the campus dean who addresses the situation with the department chair and/or teacher.
- B. Formal resolution. There are two formal resolution processes available to learners. One is through the SMHS and the other through the Dean of Students office on the undergraduate campus (the latter option is not available to residents). Records shall be utilized for the purpose of annual anonymous reporting of incidents to the Faculty Academic Council and to audit for possible recurrence of mistreatment issues. It is unlikely that anonymity of the learner will be maintained in formal resolution however, the learner name will not be shared without a need to know and/or learner approval.
1. Department level. Acknowledging that the informal approach may fall short at times because of reluctance of the student to directly interact with the accused, intransigence of the accused, or differing perceptions of the incident by the parties involved, a more formal resolution may be warranted. In this case the written record shall be retained in formal resolution and shall become a part of the alleged offender's file if the department chair deems appropriate. The learner shall utilize the form attached to this policy to provide the information needed for evaluation by the department chair of the allegation. Resolution shall be dealt with at the department level unless the chair believes the allegation to be so egregious or the offender so recalcitrant to warrant notification of the Compliant Recipient (CR) and the formation of an ad hoc committee.
  2. SMHS level. Reports of mistreatment that are reported through the formal process shall be investigated. Confidentiality is critical, and information will only be provided to individuals directly involved in the process. Acknowledging that the informal approach may fall short at times because of reluctance of the student to directly interact with the accused, intransigence of the accused, or differing perceptions of the incident by the parties involved. Learners may meet with the complaint recipient (CR) to discuss a complaint and potentially develop a plan for resolution of the problem. The CR may assist in any intervention deemed necessary for resolution of the problem, including discussion with the appropriate chair. With this action, anonymity of the learner may no longer be maintained. Information will be shared on a "need to know" basis with special attention to maintaining the confidentiality of the involved learner(s). Although the



learner name will not be shared without his/her consent, it may still be difficult to maintain anonymity.

a. Teachers within the School of Medicine and Health Sciences.

i. The learner shall file a mistreatment form found at the end of this document with the appropriate CR within two months of the alleged action. However, a learner may request to defer action on the request until after the learner is evaluated by the involved faculty member/resident.

ii. The CR shall investigate the allegation using any method that he/she deems fit including those already stated up to and including appointing an Ad Hoc Committee of faculty and students from the department where the allegation originated.

iii. Investigation, Report and Intervention

A. Investigation. Within ten (10) business days of the receipt of the grievance, the investigation shall be completed.

B. Report. Within ten (10) business days of the conclusion of the investigation the CR shall document or receive documentation of the allegations.

C. Intervention. Within ten (10) business days the CR shall act on the report and report back to the individual making the report that the process has concluded. The action of the CR shall be consistent with UND policy on disciplinary actions as set forth in the UND Faculty Handbook staff information as appropriate.

D. Examples of potential investigation, reports and interventions:

1. A learner complains that a teacher is requiring that they must provide personal services for them (get coffee and dry cleaning) in order to get a passing grade. This is the first time that the CR has become aware of this behavior. The student wishes to have a conversation with the teacher and the CR is present. All parties meet and a resolution is found to everyone's satisfaction. The situation will become part of the annual anonymous aggregate report to FAC.

2. A learner complains that a teacher is requiring that they must provide personal services for them (get coffee and dry cleaning) in order to get a passing grade. This is a recurrent problem for which the teacher has been warned against on numerous occasions. The CR chooses to conduct an investigation through an ad hoc committee. The report is returned with the suggestion that the CR discuss the situation with the faculty member to avoid future issues. The CR knows that this has not worked in the past and chooses to inform the teacher that the lapse of professional behavior will be documented and become a part of

his/her annual review. The learner is notified that the situation has been addressed. The situation will become part of the annual anonymous aggregate report to FAC.

3. A learner complains that a teacher is requiring that they must provide personal services for them (get coffee and dry cleaning) in order to get a passing grade. The CR spoke to the faculty member who stated that it was a misunderstanding and stated it would never happen again. The learner is notified that the situation has been addressed. The situation will become part of the annual anonymous aggregate report to FAC.

b. Teachers outside of the School of Medicine and Health Sciences: As a community-based school many of the teachers are not directly employed by the UND SMHS and as such, are subject to other rules and policies addressed in the affiliation agreement. If the accused is outside the SMHS (employed by another institution), the issue must be brought to the complaint recipient. The complaint recipient will communicate the problem through the appropriate channels of the accused and they will work together to determine the appropriate grievance procedure.

c. Appeal

- i. If the accused is a faculty, staff, or GTA and wants to appeal the findings of the committee or the disciplinary action, a written appeal may be submitted to the Dean.
- ii. If the accused is a resident physician, a written appeal may be submitted to the Designated Institutional Official for Graduate Medical Education.
- iii. The accused will be notified of the appeal decision in writing within 15 business days of receipt of the written appeal.
- iv. There will be no further appeal.

3. UND process: The learner may feel more comfortable filing a mistreatment complaint through the office of Dean of Students (DOS) on the UND Campus. The learner need only contact the DOS office to lodge a complaint. The DOS has an internal process to address these issues. This process is not available to medical residents due to their special status.

C. Situations involving a close family member or care of family member by the student in the clinical environment: In a curriculum that references cases and clinical experiences that come from a community/state with a small population, we acknowledge that there will likely be case presentations of individuals known to class members or care of close friends/family members in the clinical context. In the event that either occurs in the learning environment the following expectations will apply:

1. Faculty

- a. Reasonable effort will be made to review the name of the individual (if known) in a learning case and compare to student members in the class or course. If an association is identified between a student and a close friend/family member, the student will be contacted to discuss any potential accommodations that may need to be made for that student. Assurance of protection is limited because of different names and relationships and class members related to case patients cannot always be predicted.
- b. Appropriate measures will be taken to protect the identity of the individual in a case including avoidance of any identifying information e.g., place of residence, social factors that do not impact the overall case objectives, etc. and concealment of facial or other identifying features in photos.
- c. If a learner contacts a faculty member with concerns regarding exposure to medical care or case involving a family member, that faculty member should ensure that an alternate learning experience covering similar content will be made available to the student and consider referring the student for counseling as appropriate. Faculty are also responsible to adhere to the *American Medical Association (AMA) Code of Ethics* and ensure students do not feel pressured or compelled to treat close friends or family members in the context of the clinical training environment.

## 2. Learners

- a. When a learner becomes aware of a written or presented case of an individual known to him/her, it is the responsibility of the learner to inform, and to discuss implications with, the faculty. Modification of the learning experience will be situation-dependent and at the mutual agreement of the faculty and learner.
  - b. If a learner is asked to provide care to a family member or close friend in a clinical learning situation, the learner should discuss the situation and implications with faculty (*AMA Code of Medical Ethics*).
  - c. If a learner is engaged in a learning experience that involves an individual known to him/her the learner if uncomfortable should excuse himself or herself from the learning experience and inform the faculty immediately following the event. An alternate learning experience, covering the similar objectives, will be made available to the learner. Implementation of these expectations is considered a confidential matter, and therefore, should neither be shared with other learners nor pose interference with the learning experience of other learners.
- D. Monitoring of the process. The complaint recipient (CR) will monitor the number and resolution of these occurrences to assure that correct procedures are followed at all times and where necessary, refer them to the appropriate resources. The CR will report annually to the Faculty Academic Council. The FAC report will include number, source, and resolution of incidences in a de-identified manner.

E. Storage of complaint documentation.

1. A central file of all complaints will be maintained in the office of the Complaint Recipient.
2. A copy of the report of findings and the action by the Complaint Recipient may be filed in the offender's personnel file.

F. Protection from Retaliation. Every effort will be made to protect alleged victims of mistreatment from retaliation if they seek redress. Retaliation from anyone directly or indirectly involved will not be tolerated. To help prevent retaliation, those who are accused of mistreatment will be informed that retaliation is regarded as a form of mistreatment. Accusations that retaliation has occurred are handled in the same manner as accusations concerning other forms of mistreatment.

1. Malicious Accusation. A complainant or witness found to have been dishonest or malicious in making the allegation of mistreatment may be subject to disciplinary action. A charge of unprofessional behavior will be filed against the learner and the appropriate action taken according to the disciplinary procedures.
2. Sexual Harassment and EEO Complaints. A learner alleging sexual harassment or unlawful discrimination may make a complaint in accordance with the procedure outlined in the UND Code of Learner Life or to the Office of Equal Opportunity/Affirmative Action.

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American Medical Association Code of Medical Ethics

Accessed March 21, 2015

*Opinion 8.19 - Self-Treatment or Treatment of Immediate Family Members*

*Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered.*

*Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.*

*Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.*

*It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members. (I, II, IV). Issued June 1993.*

## RESPONSIBILITIES

Students/Learners	Notify appropriate individuals when he/she experiences mistreatment by a teacher. Report all discrimination and sexual violence to the Title IX office.
Teachers/Faculty/Staff/Residents, GTAs	Address reports of mistreatment using the procedure outlined above. Report all discrimination and sexual violence to the Title IX office.
Associate Dean for Student Affairs and Admissions/ Faculty/ Fieldwork Coordinator/ Course Director/ Clinical Director	Act as a resource for learners, provide information about the process, next steps etc.
Complaint Recipient	Accept the complaints, investigate, report and intervene at a level appropriate for the situation. Report aggregate de-identified data annually to FAC. Ensure that affiliated institutions address this or a similar institutional policy.
Department Chairs	Ensure department Faculty are reminded of the policy on an annual basis.
Graduate Medical Education Committee	Ensure residents are aware of this policy
Dean	Receive and rule upon appeals.

## FORMS

Teacher-Learner Report Form	Attached
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## REVISION RECORD

05.04.15—FAC Approved  
 05.04.15—Dean Approved  
 08.06.19—Editorial Edits

