# AACOM Task Force on Professionalism and Ethics

**Thursday June 21 and Friday June 22, 2018**

7700 Old Georgetown Rd., Suite 250  
Bethesda, MD 20814

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<th>6/21/2018</th>
<th>Thursday</th>
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<tr>
<td>12:00 PM</td>
<td>Welcome to AACOM; Meeting Outline – Dr. Shannon</td>
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<tr>
<td>12:10 PM</td>
<td>Opening Remarks; Goals of the Meeting – Dr. Wilson</td>
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<td>12:20 PM</td>
<td>Welcome Luncheon</td>
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<td>1:05 PM</td>
<td>Co-Chair’s Remarks; Collaborating with the COCA – Dr. Kowalski</td>
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- Dr. Kowalski discussed his dual role as a member of COCA’s task force which first met on June 14, 2018 and is positioned to collaboratively share information with the AACOM task force. Input from the COCA Task force initial discussion to include goals, and scope were briefly reviewed (see below 2 July DRAFT received July 20, 2018).
- The dilemma of Anonymous complaints was explored to include lack of knowing how to fairly approach such reports. Students may be afraid of retribution, or being wrong, and are reluctant to formally launch a complaint.
  - If numerous anonymous complaints arise, what is the best way to address… should we be developing best practices around this? Is there legal advice on this?
  - Do students know what their expectations are, what is normal, what they are supposed to do?
    - Are their opportunities for Conflict resolution
    - Recognizing administration sets the culture… administration needs to support student empowerment and guide them to understanding appropriate ways to handle issues (multiple scenarios/differential approaches need to be explored)
    - Modeling behavior alone is insufficient… students need explicit guidelines

When a report rises to the level of a formal Title IX complaint, how do we protect victims and our institutions while being fair to respondents through appropriate application of due process in these instances?

1:15 PM  
For clarity, below includes DRAFT #2, with *Recommendations* from the COCA Taskforce on Professionalism and Sexual Harassment which includes key points from the June 14 COCA taskforce meeting in preparation for its July 24 meeting.
INTRODUCTION:
The COCA taskforce report will focus its findings under two considerations:

1. While the categories of “ethics” and “medical professionalism” are broad, this report will deal with the narrower aspect of professionalism that addresses the various dimensions of sexual harassment, as developed below.

2. While understanding that these findings may parallel those of other entities such as AACOM and COM student organizations, this report will be confined to the scope of influence assigned to the accrediting agency – COCA. It will encompass:
   a. COCA’s “legislative” function, via its Standards, policies, review practices, site visit protocols, and formal actions on a COM’s accredited status
   b. COCA’s “convening” or educational function, such as through published statements, conferences, training events, and informal interactions with staff

The report will address its findings under these broad areas:

1. COCA: Any proposed changes to Standards, review practices, published statements
2. COM Governing Boards: Accountability for legal, financial, and reputational exposure
3. Senior COM administration: Policy implementation; campus climate; accountability structures
4. COM Faculty: Inclusion of professionalism in curriculum and assessment
5. COM Students:
   a. Awareness of issues and options during their academic years
   b. Development of values to be embraced and expressed in future clinical practice

Presentation: Victimization and victim identification – Dr. Finkel

Break
Results of AACOM Survey – Dr. Speicher
   • What can students expect in these settings?
   • Be explicit about what is OK and what is not OK.
   • Can we have a standardized, clear process… can this process show concern for accused faculty, not just accusing parties.
   • More faculty development is needed.
- Need to keep in mind that student answers were from highly-involved students… so a general student survey will likely reveal very different and varying results.
- Orientation is not the place to stop reinforcing or going over information regarding misconduct, title IV issues and concerns, handling concerns and conflict, etc.

Discussion of Task Force Member Goals for the Task Force and Reflections on the Survey Results – Dr. Wilson and Dr. Shannon

- Covering something in orientation is not the same as educating and training.
- Content for this type of training is broadly applicable.
- Enhancing barriers for would-be predators by making cultural shifts to eliminate predator opportunities (peer awareness; student empowerment through clear policies, explicit boundaries and expectations; policy messages repeated in every aspect of their medical education experience).
- How do we balance sensitivity to culture while also preparing them for the real world (where we have no control). Giving them tools to address difficult scenarios in a real-world setting, particularly in a clinical setting.
  - We also don’t want to put too much responsibility on the student/potential victim.
- If a student gets a bad evaluation as retaliation for standing up for something that was right, the school should stand behind them.
- Clearly define what the indicators of “important” unprofessional behavior are, not just dress, timeliness, etc.
  - Where do you draw the line?
- Educating students about what happens during Title IX… i.e., “here is what you will know” and clear education that things ARE being done, even though there are protections and other mechanisms enforced that often prevent information from being shared.
- People often have a difficult time categorizing their experience… perhaps working with a broader definition of victimization, in all its forms, and then identify the individual different variations along that spectrum.
- Students could be provided an opportunity to do rotations on sensitive cases involving victimization.

Discussion of Outputs of the Task Force – Dr. Wilson and Dr. Speicher

- Working group around first bullet of Task Force charge: “Evaluate how standards of professionalism and medical ethics are incorporated into the OME admission practices and curriculum.”
  - Also, measure how effective this is… and how do you measure this? Qualitative vs quantitative…
- To respond to BOD charge, we should have three different responses:
  - Curricular
  - Competency
Environment/culture

Outcome ideas:

- Look for research on holistic admissions processes, also generate research questions to survey what is going on now and how they are incorporating ethics review into admissions process.
  - Create a standard for the “odd duck” factor during admissions interview, so that students below a certain behavioral threshold are identified and flagged
  - What models are out there for curriculum that we can model best practices for getting and giving consent for sensitive examinations and learning environments such as OMM, pelvic exams, etc. with students working with students, students working with teachers, and both working with patients
  - What COCA standards may be in the pipeline that could affect current mechanisms in place to enforce medical professional and ethical standards?
  - How AND when these standards are taught.
  - Is there a standard for an ethics and professionalism policy beyond NBOME competencies? Need to explore
    - Break into two groups: 1) to look at holistic admissions and how these admissions are being run—speak with admissions officers 2) to review current curriculum and assessment models

Adjourn

Dinner as a group at:
Barrel and Crow (www.barrelandcrow.com)
4867 Cordell Ave.
Bethesda, MD 20814

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<th>6/22/2018</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>9:00 AM</td>
<td>Welcome, Review of Previous Day and Reflections of Task Force Members – Dr. Wilson</td>
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<tr>
<td>9:30 AM</td>
<td>Title IX Investigation Best Practices – Dr. Daniel Swinton, NCHERM</td>
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<td>(See attached presentation)</td>
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<td>10:45 AM</td>
<td>Break</td>
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<td>11:00 AM</td>
<td>Associated AACOM-gathered information presentation and Discussion – Dr. Speicher</td>
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<td>Results of literature review (attached)</td>
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<td>Results of the environmental scan (attached)</td>
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<td>Results of best practices review (attached)</td>
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<td>12:00 PM</td>
<td>Lunch at AACOM</td>
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<td>Discussion of Committee Recommendations to the Board of Deans – Dr. Wilson</td>
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### 3:00 PM
- Curricular recommendations for content, timing and course development or modifications
- Policy recommendations
- Assessment recommendations
- Accreditation recommendations
- Environmental recommendations (e.g. teaching in the classroom vs at the bedside)

**Discussion of outcomes**
- Structure and methods of developing outcomes – see Table of Deliverables, below
- Development of subcommittees (if necessary) – we will take volunteers from the group in August
- Future meetings and the structure of those meetings
  - Meet in-person at OMED
  - Several other meetings as outputs require via ZOOM
  - Individuals can express preferences for which outputs they want to work on

**Discussion of additional information needed**
- Survey of COMs for more information, needs, priorities in August
  - Survey of faculty and students that is more granular about how and when the school teaches students about consent, ethics, and professionalism
    - How it is defined/described
    - Methodology
  - How/when does the school address issues of consent, ethics, and professionalism as it relates to OMM and osteopathic principles and practice
- Are there institutions currently using anonymous reporting, and how is it structured?
  - Student affairs or compliance office
  - Within COMs or other academic institutions
- What schools bring third-years back and what is their process for that?
- How do we address the GME components of this? Dr. Gates to provide his insight.

Gather as many current best practices and models we can find to apply to these areas

### 3:50 PM

### 4:00 PM
- Developing culture survey questions
  - Identify support for this process from experts in this type of survey

Need for information or interactions with other groups (e.g., COCA, NBOME, AOA, others)
• Dr. Kowalski will share with COCA our plans; Dr. Shannon will contact NBOME and AOA.

Accreditation Standards:
• What is currently there
• How should these be modified
• What should be added
  o If no policy for teaching ethics, there should be one
  o “how do your admissions processes reflect the culture you aim to build at your college as it applies to your mission”
• Do we want to create a dialogue and infrastructure and leave it open to the interpretation of individual colleges based on their individual cultures

Work on NBOME recommendation
Work on COCA recommendation

Wrap-up
Adjourn

Outcomes:
• Impact of environment on professionalism
• Ability of students to feel as though they can identify when and how to appropriately stand up for themselves and other
• Faculty to do the same
• How all these same themes translate into patient care
• How are ethical competencies tested in PE? Or are they?

**Breakdown/Organization of Task Force Output/s**

Student:
• Curriculum
  o Victim identification
  o Is there an ethics/professionalism course or set of ethics/professionalism lectures over what period of time addressing:
    ▪ Appropriate Professional Behaviors
    ▪ Development of moral code
  o Third-year/clinical orientation and discussion of reporting and expectations
  o How are students assessed and remediated?
• Environment
  o Admissions process
- Orientation to Title IX
- How is the request for Anonymous reporting handled
- Clear process and outcomes
- Consent (e.g., OMM)
- Moral code enforcement
- Wellness

- Resources
  - Complaint database
    - Online; anonymous?
  - Expectations for student/faculty behavior

- Accreditation and Policies/Procedures
  - Clear description of the processes to set expectations
  - Notification about process

Faculty:
- Faculty Development
  - Training on reporting on students and of faculty
  - Boundaries and victimization identification
  - Assessment of student professionalism
  - Remediation
  - Third-year/clinical orientation and discussion of reporting and expectations

- Environment
  - Orientation
  - Anonymous reporting
  - Clear process and outcomes
  - Wellness

- Resources
  - Toolkits and curated established resources
  - Climate surveys
  - Complaints database
    - Online; anonymous?
  - Expectations for student/faculty behavior

- Accreditation and Policies/Procedures
  - Model policies and procedures
  - Clear description of the processes to set expectations
  - Notification about process

Patients:
- Curriculum
  - Consent for OMM
- Victimization identification and reporting
- Teaching techniques to promote patient disclosure

- Environment
  - Education on boundaries, expectations for physician professionalism, etc.

- Resources
  - Ethics hotline

- Accreditation and Policies/Procedures
  - Clear description of the processes to set expectations
  - Chaperone policies
  - Reporting policies
  - Victimization across the lifespan

**Outcomes of the Task Force** (also see Table of Outcomes, below, for more detail):

Developing models and best practices for Students, Faculty, and Patients in the areas of curriculum and assessment; victimization and victim recognition; culture and environment; policies, procedures and regulations; and developing resources and toolkits for COMs, physicians, students and patients.

Outputs will include model curriculum (including consent, consent for OMM, recognition of victimization and boundary violations, and self-regulatory responsibilities); best practices in teaching and assessment; ensuring a campus culture that promotes safety for students and patients; the development of model policies or best practices in receiving and investigating complaints of victimization; and educational resources for COM faculty, students, and patients.
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<tr>
<th>Targeted Group</th>
<th>Curriculum</th>
<th>Environment/Culture</th>
<th>Resource Development</th>
<th>Regulation/Accreditation/Policy and Procedure</th>
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| Students       | • Understanding how to recognize victimization and identification of potential victims, and what is done with that information  
• Understanding and exhibiting appropriate personal behavior, and recognizing what is and is not acceptable  
• Development of Professional Identity and Moral Code  
• How are students taught to get consent from patients? How are they taught to get consent from each other, e.g. when practicing OMM?  
• How are students trained in these  
• Code of ethics — is it lived?  
• Best practices to create a safe environment for faculty, students and patients  
• Should there be anonymous reporting of incidents?  
• How to achieve a clear investigative process and understanding of investigative outcomes  
• Developing an environment that promotes personal wellness  
• Should there be a database of complaints, complainants, and alleged perpetrators? If so, what are the best practices in establishing and using this database?  
• Are there clear expectations (e.g. examples) of what is and is not acceptable behavior?  
• Should COMs conduct surveys of campus climate? What are the best practices in survey instruments, delivery of the survey (e.g. anonymous?) and use of the results?  
• Admissions Processes: How to find ethical students?  
• Is there a clear, fair investigative process? Is it appropriately confidential but not unfair to the accused? How are students and faculty notified of investigative processes and outcomes?  
• Can we develop model policies and procedures for investigation of complaints of victimization? Are they generalizable? Are there differences in the process for faculty, student and patient complaints? How are individuals in the process notified? How are they kept safe? |
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<th>Type of Focus</th>
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|                |               | procedures and how should they be trained? | What about surveying on the prevalence of alcohol and drug use?  
• What are the best practices in providing students with resources for personal well-being and “bystander” training, and how to notify students of them?  
• Are there resources like ethics hotlines that students, faculty and patients should have available? Should they be anonymous, or should anonymous “tips” be tracked or investigated? | • Are there chaperoning policies? Should students be chaperones?  
• How are colleagues and students encouraged to report if they suspect a physician is committing some kind of inappropriate behavior or boundary violation? |
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| Faculty        | • What are the best practices in training faculty to report students and each other for inappropriate behavior?  
• What are the components of effective professionalism development, so faculty can advise for it and assess it?  
• How do we and how should we remediate students around bad behavior?  
• What are the Gold Standards in assessing student professional behavior?  
• What is appropriate faculty behavior in the classroom and at the bedside? What | • What is an effective faculty orientation to maintain safe environments for students, patients and colleagues? How are faculty trained in these procedures and how should they be trained?  
• What, how and when should faculty be taught about preventing (in themselves) and reporting boundary violations with students and patients? | • What are the best practices in providing faculty with resources for personal well-being and “bystander” training, and how to notify students of them?  
• All of the student resources (above) would apply here as well.  
• Are there resources like ethics hotlines that students, faculty and patients should have available? Should they be anonymous, or should anonymous “tips” be tracked or investigated? How to make faculty feel OK about this? | • Can we develop model policies and procedures for investigation of complaints of victimization? Are they generalizable? Are there differences in the process for faculty, student and patient complaints? How are individuals in the process notified? How are they kept safe?  
• Are there chaperoning policies? Should students be chaperones?  
• How are colleagues and students encouraged to report if they suspect a physician is committing some kind of inappropriate behavior or boundary violation? |
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| Patients       | - Are there any best practices in educating patients about giving consent, giving consent for OMM, or other kinds of boundary education?  
- What is patient behavior that makes victimization less likely to be reported?  
- What are other elements that make victimization less likely to be reported?  
- Are there model patient education resources to teach patients about consent, boundaries and reporting of inappropriate behavior?  
- Are there resources like ethics hotlines that students, faculty and patients should have available? Should they be anonymous, or should anonymous “tips” be | | | |
<p>|                | - Are there model policies or standards for the use of chaperones? | | | |</p>
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