

# Undergraduate Medical Education

## Student Complaints Policy

*Student Conduct Component: Policy #SC-05 v2*

*Supersedes: Policy #SC-05 (original)*

*Lead Writer: unknown*

*Approved by MD PEC: March 23, 2016*

*Revisions: March 23, 2016 (v2)*

*July 22, 2010 (original)*



### Preamble

- 1.1. Both faculty and students within the School of Medicine are guided by standards of conduct that reflect the values of the profession of Medicine and which are outlined in the following documents.
  - 1.1.1. The CMA code of Ethics (<https://policybase.cma.ca/documents/policypdf/PD19-03.pdf>) which emphasizes such things as standard of care, medical research and, in particular, personal conduct, integrity, honesty and morality
  - 1.1.2. The Queen's University Code of Conduct ([https://www.queensu.ca/secretariat/sites/uslcwww/files/uploaded\\_files/policies/board/StudentCodeOfConduct.pdf](https://www.queensu.ca/secretariat/sites/uslcwww/files/uploaded_files/policies/board/StudentCodeOfConduct.pdf)) that describes acceptable conduct as "does not infringe on the rights of other members of the University community and conforms to the regulations of the University and its subordinate jurisdictions and to the law of the land" and lists examples of unacceptable conduct.
  - 1.1.3. The Queen's University Harassment/Discrimination Complaint Policy and Procedure (<https://www.queensu.ca/secretariat/harassment-and-discrimination-prevention-and-response-policy>) which describes Harassment, Sexual Harassment, race and racism, heterosexualism, and transphobia as well as the University procedures for reporting and dealing with infringements.
  - 1.1.4. The Queen's University and the Kingston General Teaching Hospitals Code for the Ethical Conduct of Clinical Teaching Encounters which describes acceptable Teacher-Student interactions in the clinical setting.

- 1.1.5. Faculty of Health Sciences Code of Ethical Conduct for Clinical Teachers. Students who encounter situations in which they observe or are the subject of practices which deviate from these standards require processes for reporting that ensure their confidentiality and protection from any academic or professional repercussions. Students should always feel free to contact trusted members of faculty for advice or direction. This document outlines a process intended to ensure that such processes are available and that students are aware of them.

## 2.0 First Contact Options

Students with such concerns have the following options available to them:

- The student may contact the Director of Student Affairs or delegate. The terms of reference of this position are appended to this policy. Contact information is widely distributed throughout the student body.
- Discussion with the Associate Dean, Undergraduate Medical Education.
- In addition to the Director of Student Affairs, students may contact:
  - The University Coordinator of Dispute Resolution (533-6095)
  - The Human Rights Office (<http://www.queensu.ca/humanrights/>)
  - Accessibility Services (<https://www.queensu.ca/studentwellness/accessibility-services>)
  - Harassment and Discrimination Advisors, KGH Human Resources (548-2365)

In all such discussions those faculty members contacted are bound by the following principles:

- Strict confidentiality.
- Student safety.
- The provision of any emergency services the student may require. The first contact party should endeavor to resolve the situation if possible. These options should be discussed with the student bringing the complaint and could entail any of the following:
  - informal discussions with other faculty members, students or house staff
  - notification of the Associate Dean
  - notification of relevant Department Head
  - recording the details of the issue with the intent of disclosing at some future date, so as to protect the interests of the student

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The student may also contact the Director of Medical Affairs at Hotel Dieu Hospital, the Director of Medical Affairs at Kingston General Hospital, or the Director of Medical Administration at Providence Care with concerns. Once a complaint is brought forward to one of these Directors, it must be investigated in accordance with the Health and Safety Act. Anonymous complaints submitted through the MEdTech portal which refer to a specific hospital will be shared with the appropriate Director for their awareness. If multiple anonymous complaints are submitted through the MEdTech portal that refer to the same issue, an investigation will be made by the relevant Director.

If the student and first contact party do not feel that appropriate resolution can be achieved the following formal complaint process can be initiated.

### **3.0 Formal Complaint Process**

- 3.1. A formal complaint consists of a written submission outlining the incident in detail with references to deviations from accepted standards of conduct.
- 3.2. This document will be submitted to the Dean or Senior Associate Dean of the Faculty of Health Sciences who will review it in confidence and establish a review panel which will consist of at least two members of faculty who are sufficiently removed from the incident and individuals involved, and any other individuals that the Dean or Associate Dean feel appropriate given the specific circumstances of the complaint. That panel will review the incident in confidence and interview appropriate parties. That panel will make recommendations back to the Dean for appropriate action.

### **4.0 Dissemination of this Policy**

This policy will be published in the School of Medicine Calendar and distributed to all medical students and faculty at least annually.

March 30, 2008

Queen's University and the Kingston Teaching Hospitals

### **5.0 Code for the Ethical Conduct of Clinical Teaching Encounters**

- 5.1. Any use of a patient for teaching purposes should take place only with the consent of that patient.
  - 5.1.1. Where medical students form part of the health care team and are engaged in providing health care for patients, then the usual institutional consent process will apply, and specific additional consent is not required.
  - 5.1.2. Where the contact between the student and the patient is primarily for teaching purposes, then explicit prior consent must be obtained from the patient.

- 5.1.3. Verbal consent will normally suffice. Where the patient is, or will be, incapable of giving consent at the time of the encounter, and the encounter will include a procedure or examination of an embarrassing or invasive nature, then prior consent should be documented.
- 5.1.4. Clinical teachers who ask that medical students perform procedures or examinations on patients who are incapable of giving informed consent, purely for the purposes of education, should ensure that the students understand that either the patient has given prior consent, or that consent has been given by an appropriate surrogate.
- 5.2. The institutions must ensure that systems are in place so that all patients, including those in the ambulatory setting, are educated about the roles within their health care teams, including specific reference to medical students, to enable them to make informed decisions about the teaching process.
- 5.3. All clinical staff have a duty to inform patients of the role of students on their team; students must always be accurately identified as such.
- 5.4. Clinical teachers must not ask students to assume a task or responsibility beyond their competence without adequate instruction and supervision. The onus is on teachers to assure themselves of a student's competence, but students have a responsibility to inform teachers if they are not competent to carry out a task.
- 5.5. Medical students should not be used to obtain written consent from patients, but they may witness signatures.
- 5.6. All members of the clinical team have a responsibility to ensure that these guidelines are followed. The final onus rests with clinical teachers.
- 5.7. The ethical clinical teacher:
  - Will treat students with respect regardless of level of training, race, creed, colour, gender, sexual orientation, or field of study.
  - Will teach the knowledge, skills, attitudes and behaviour, and provide the experience that the student requires to become a physician in his/her chosen career.
  - Will supervise students at all levels of training as appropriate to their knowledge, skills and experience.

- Will support and encourage students in their endeavors to learn and to develop their skills and attitudes and a sense of enquiry.
- Will allow responsibility commensurate with ability.
- Will see patients when so requested by students.
- Will teach to students the rationale for decisions, the reasons for conclusions, the reasoning behind investigation and treatment.
- Will discuss alternate diagnoses, investigations and therapeutic choices and the merits and risks of these.
- Will assess carefully and accurately students' abilities and provide prompt verbal and written feedback.
- Will assess only performance and not allow this assessment to be coloured by personal interactions.
- Will provide remedial teaching when so indicated by assessment.
- Will maintain a professional teacher-student relationship at all times and avoid the development of emotional, sexual, financial or other relationships with students.
- Will strive to conduct herself/himself in a fashion to be an excellent role model for students.
- Will refrain from addressing students in a disparaging fashion.
- Will refrain from intimidating or attempting to intimidate students.
- Will refrain from harassment of students in any fashion – emotional, physical or sexual.