1.1 Teacher-Learner Agreement

Among the four missions of the CUSOM is the education of future physicians. Our students have gone through a rigorous selection process and represent a group of highly skilled and academically well-prepared students. The CUSOM holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. All members of the medical school community, including students, faculty, residents, fellows, staff, and administrators are held to high standards in these areas.

Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education, the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses and ancillary support staff, as well as others from whom students learn. Students and teachers share the challenge of learning and teaching not only the art and science of medicine, but also the acquisition of behaviors and values that characterize the ideal physician.

This Agreement serves both as a pledge and a reminder to teachers and students that their conduct in fulfilling their mutual obligations is the medium through which the profession perpetuates its ethical values. Failure to uphold the principles of the teacher learner agreement may result in referral to the Office of Professional Education (Faculty), the Student Professionalism Committee or the Student Promotions Committee (Students).

1.1.1 Guiding Principles

**Duty:** Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession’s standard of care but also to model the values and attitudes required for preserving the medical profession’s social contract with its patients.

**Integrity:** Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values, attitudes and, especially, behaviors.

**Respect:** Respect for every individual is fundamental to the ethic of medicine. Mutual respect between students, as novice members of the profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher-learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.
### 1.1.2 Responsibilities of Teachers and Students

<table>
<thead>
<tr>
<th>Teachers Must:</th>
<th>Students Must:</th>
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<tbody>
<tr>
<td><strong>Duty</strong></td>
<td><strong>Duty</strong></td>
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<tr>
<td>- Maintain high professional standards in all interactions with patients, students, colleagues, and staff.</td>
<td>- Be active, enthusiastic, curious learners who work to enhance a positive learning environment.</td>
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<td>- Provide relevant and timely information.</td>
<td>- Demonstrate professional behavior in all settings.</td>
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<td>- Provide explicit learning and behavioral expectations early in a course.</td>
<td>- Recognize that not all learning stems from formal and structured activities.</td>
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<td>- Provide timely, focused, accurate and constructive feedback on a regular basis.</td>
<td>- Recognize their responsibility to develop personal learning goals and to participate as active learners.</td>
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<td>- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive.</td>
<td>- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine.</td>
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<td>- Be familiar with the Student Honor Council process and the Student Professionalism Committee process and the role that faculty and students play in each (see sections 1.3.1 and 1.3.2);</td>
<td>- Recognize the privileges and responsibilities that derive from the opportunity to work with patients in clinical settings.</td>
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<td>- Provide thoughtful and timely evaluations at the end of a course.</td>
<td>- Recognize the duty to place patient welfare above their own.</td>
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<td>- Disclose to students, during lectures, seminars and mentored research activities, the existence of any financial ties or conflicts-of-interest that are related to the material being taught.</td>
<td>- Recognize and respect patients' rights to privacy.</td>
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<td>- Be familiar with the responsibilities of the Teacher-Learner Agreement and utilize appropriate mechanisms to encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately (see section 1.2.2 for options) and to treat all such reports as confidential.</td>
<td>- Be familiar with the responsibilities of the Teacher-Learner Agreement and utilize appropriate mechanisms to report exemplary professionalism and professionalism lapses (see section 1.2.2 for options).</td>
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<tr>
<td><strong>Integrity</strong></td>
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<td>- Display honesty, integrity and compassion.</td>
<td>- Recognize personal limitations and seek help whenever it is needed.</td>
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<td>- Solicit feedback from students regarding their perception of their educational experiences and personal interactions.</td>
<td>- Display honesty, integrity and compassion; these attributes include the responsibility for upholding the School of Medicine Honor Council Principles (see section 1.3.2);</td>
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<tr>
<td><strong>Respect</strong></td>
<td><strong>Respect</strong></td>
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<td>- Treat students fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin, federal and state protected classes.</td>
<td>- Solicit feedback on their performance and recognize that criticism is not synonymous with “abuse”.</td>
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<tr>
<td>- Be prepared and on time.</td>
<td><strong>Respect</strong></td>
</tr>
<tr>
<td>- In all educational, research and clinical care settings, welcome and respect patients and others who lower socioeconomic backgrounds, disadvantaged, uninsured or non-English speaking.</td>
<td>- Treat teachers and fellow students fairly, respectfully and without bias related to age, race, ethnicity, gender, sexual orientation, religion, spiritual or political beliefs, disability or country of origin, federal and state protected classes.</td>
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1.1.3 Relationships between Students and Teachers

Students and teachers should recognize the special nature of the teacher-learner relationship, which is, in part, defined by professional role modeling, mentorship and supervision. There is a power differential, as expressed by the fact that teachers often evaluate student performance and the results of their evaluations may affect the student’s future. Conversely, students evaluate the quality of their teachers and this can, to a lesser degree, affect the teacher’s career.

Because of the special nature of this relationship, students and teachers should strive to develop a relationship that is characterized by mutual trust, acceptance, and confidence. They both have an obligation to respect and maintain appropriate boundaries. Students and teachers must avoid any and all behaviors that conceivably could lead to the perception of a boundaries violation; avoiding boundary violations is crucial to a proper teacher-student relationship. There are similar boundaries between students and patients that exist because of the nature of this special and trusting relationship. Boundary violations or actions that may give the appearance of a boundary violation should routinely be avoided. A partial list includes:

1. Romantic involvements.
2. Business relationships, other than those that might emerge from joint educational projects.
3. Faculty or students accepting services or personal favors from each other (e.g., babysitting, house sitting, pet care, work in the office).
4. Accepting substantial gifts.
5. Special treatment of a student, including gifts, meals, entertainment, or social contacts (this includes social media), which differs substantially from the usual teacher-learner relationship with other students.

Health providers who provide health services, including psychiatric/psychological counseling, to a medical student or their primary family members will not be involved in the academic assessment or promotion of the medical student receiving those services. When students or their primary family members choose their health care providers from physicians who are on the faculty, they have the potential to be in a conflict-of-interest situation, where their provider is also evaluating their academic or clinical performance. Faculty members are not allowed to complete an evaluation for any students for whom they provide or have provided medical care including their primary family members. Conflicts arise between a faculty’s role as the student’s physician and their role as an evaluator of the student’s performance. Faculty must notify students as soon as they recognize the conflict. Students likewise must notify a faculty member if they are assigned to a physician for evaluation who is providing or has provided medical care for them or their primary family members in the past. The student must also notify the course director who will find an alternative clinical site or provide an alternative faculty member for evaluation. Students may consult the Office of Student Life for a list of physicians who do not teach students.