1. PURPOSE

The purpose of this policy is to state guidelines regarding relationships with colleagues within Graduate Medical Education (GME).

2. POLICY

IU School of Medicine’s educational mission is promoted by professionalism in faculty/resident/student/staff relationships. Professionalism is fostered by an atmosphere of mutual trust and respect. Actions of residents that harm this atmosphere undermine professionalism and hinder fulfillment of the School’s educational mission. Trust and respect are diminished when those in positions of authority abuse or appear to abuse their power. Those who abuse their power in such a context violate their duty to the academic community.

Residents exercise power over other residents, students, and staff whether in providing praise or criticism, evaluations, recommendations for their further studies or future employment, or conferring other benefits. All amorous or sexual relationships among residents, between residents and students, or residents and personnel staff are unacceptable when the resident has any professional responsibilities for the other. Such situations greatly increase the possibility that residents will abuse power and this abuse may lead to sexual exploitation. Voluntary consent by the other in such a relationship is suspect, given the fundamental asymmetric nature of the relationship.

Moreover, other residents, students, and staff may be affected by such unprofessional behavior because it places the resident in a position to favor or advance one person’s interest at the expense of others and implicitly makes obtaining benefits contingent on amorous or sexual favors.

Therefore, the School will view such relationships as a violation of this policy if residents engage in amorous or sexual relations with other residents, students, or staff for whom they have supervisory responsibility even when both parties have consented or appear to have consented to the relationship.

Should a resident find him/herself in a supervisory relationship with someone he/she has already had a relationship with, he/she should notify his/her supervisor immediately and ask for reassignment.

Residents disciplined or terminated on grounds of violation of this policy shall have such rights as are provided by the Policy on Non-Reappointment and Termination of Appointment (Reference 1).

3. SCOPE

This policy applies to all Indiana University School of Medicine (IUSM) GME resident physicians.

4. DEFINITIONS

4.1 ACGME is the Accreditation Council for Graduate Medical Education.
4.2 A resident is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

5. **PROCEDURE**

5.1 Alleged Violation of Policy

Any concerned person may initiate complaints about alleged violations of this policy. Such complaints should be brought to the attention of the department chair, program director, or Associate Dean of Graduate Medical Education or designee.

5.2 Disciplinary Measures

Sanctions appropriate to the offense will be applied by the Associate Dean of Graduate Medical Education or designee. Possible sanctions may include, but are not limited to, reprimand, consideration in promotion decisions, termination of employment, and immediate dismissal.

6. **IMPLEMENTATION**

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

7. **OVERSIGHT**

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

8. **REFERENCES**

1. The IUSM Policy on Non-Reappointment and Termination of Appointment can be found at:

   http://medicine.iu.edu/residents/gme-house-staff-handbook/policies-and-procedures/#Grievance

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Supersedes: 01/24/2007  
Approved by GMEC: 10/08/2008  
Peter Nalin, MD, Associate Dean, GME  
Electronic Signature on File  
Issued by: ____________________________  
(Signature and Title)