GUIDANCE FOR ADDRESSING PROBLEMATIC CONDUCT

This document is intended to provide School of Medicine Administrators, Divisions Chiefs and Department Directors guidance for counseling faculty about performance and conduct inconsistent with Johns Hopkins standards for a respectful workplace and educational environment, including the expectations set forth in the Johns Hopkins University School of Medicine Code of Professional Conduct for Faculty, the Teacher-Learner Policy and other departmental, School of Medicine and University policies. Concerns can come from a variety of sources, including without limitation from within a department, Compliance Hotline reports, HERO reports, Safe at Hopkins or OIE reports.

I. The first step upon receipt of a compliant or report is to assess based on the information initially received whether the conduct or performance concern may fall within the scope of a policy that designates another office to respond:

- Complaints of sexual misconduct (including sexual harassment, sexual assault, relationship violence and stalking), and potential discrimination or harassment based on race, color, sex, religion, national origin, age, disability, retaliation, genetic information, sexual orientation or gender identity must be reported to, and reviewed by the Office of Institutional Equity (http://oie.jhu.edu/). Once that office has investigated, their findings may be returned to the School for disciplinary determinations.

- Matters that fall within the definition of research misconduct must be handled by Office of Policy Coordination in the School of Medicine under the Johns Hopkins University Research Integrity Policy (https://www.hopkinsmedicine.org/research/resources/officespolicies/OPC/Research_Integrity/).

- Any conduct or performance concerns that indicate a need for a response beyond the verbal and written counseling described below – such as a single serious instance or cumulative or sustained instances of problematic conduct or performance - should be referred to the Dean or Vice Dean for Faculty for assessment of whether review is appropriate under the Johns Hopkins University School of Medicine Procedures for Dealing with Issues of Faculty Professional Misconduct. (https://www.hopkinsmedicine.org/som/faculty/policies/facultypolicies/professional_misconduct.html)

II. If the conduct or performance does not fall within the scope of one of the above policies designating another office to respond, the guidance below is available as a resource to assist in handling such conduct or performance. Use of the below methods is not a prerequisite to pursuing other actions, including without limitation an immediate referral of conduct or performance concerns to the Dean or Vice Dean for Faculty to be considered under the Johns Hopkins University School of Medicine Procedures for Dealing with Issues of Faculty Professional Misconduct.

   a. General Guidance

   i. Conclusions should not be drawn about the faculty member’s conduct or performance before appropriate information gathering and review and evaluation of the relevant facts has taken place. The extent and nature of the information gathering that is necessary will be context-specific.

   ii. A faculty member’s race, color, sex, religion, national origin, age, disability, genetic information, sexual orientation, gender identity, other legally protected
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status may not be a consideration in determining whether to counsel the faculty member or the method or extent of counseling. In addition, raising complaints of discrimination or harassment or making other good faith allegations about violations of policies or laws cannot be a basis for taking disciplinary action.

iii. If the faculty member states that they believe they are being discriminated against or treated unfairly on the basis of race, color, sex, religion, national origin, age, disability, retaliation, genetic information, sexual orientation, gender identity, or other legally protected category, or retaliated against for engaging in protected activity (i.e. complaining of discrimination or harassment; whistleblowing), the faculty member should be provided in writing with contact information for the Office of Institutional Equity or referred to the appropriate resources for reporting problematic conduct whistleblowing that is unrelated to protected category discrimination or retaliation.

iv. If the faculty member indicates they may need an adjustment or change in their work environment for a reason related to a medical condition, refer them in writing to the Disability Services Office at the Office of Institutional Equity.

v. Contemporaneous written documentation should be made (and retained in departmental files) of any inappropriate, concerning or problematic faculty conduct or behavior, regardless of whether verbal counseling or written counseling takes place.

b. Verbal Counseling
   i. Verbal counseling between the faculty member and his or her supervising PI, Administrator, Division Chief or Department Director may be appropriate in circumstances where the faculty member appears to be failing to adhere to appropriate standards of conduct or performance but the matter is not severe or sustained, or when written counseling does not seem appropriate or practical given the circumstances.

   ii. Contemporaneous written documentation should be made (and maintained in departmental files) memorializing the verbal counseling, including the date of the counseling and the specific behaviors that were discussed.

c. Written Counseling
   i. Written counseling, provided to the faculty member either at or after a meeting between the faculty member and his or her supervising PI, Administrator, Division Chief or Department Director, is appropriate in circumstances where the faculty member is failing to adhere to appropriate standards of conduct or performance, or where past verbal counseling has failed to correct the behavior.

   ii. The written counseling should be maintained in departmental files and it is recommended that it include confirmation that the meeting took place, the issues that were discussed and expectations for correcting the behavior.

a. Guidance for both Verbal Counseling and Written Counseling
   i. It is recommended that an HR staff member or appropriate departmental administrative staff be present to observe during the verbal or written counseling meeting.
ii. Ask the faculty member their perspective on the conduct/performance, and give them an opportunity to respond to any allegations, complaints or reports made about them.

iii. To the extent appropriate and possible, note opportunities for the faculty member to have behaved differently, provide referrals to resources, training, coaching, etc. (i.e. FASAP, PAC (in the case of a clinical faculty who needs assessment for fitness for duty or clinical competence) that may assist the faculty member in responding more appropriately in the future.

iv. Discuss the faculty member’s ongoing responsibility to maintain professional behavior.

v. To the extent appropriate, identify corrective actions to be taken, goals, or changes that are required. Corrective actions, goals or changes required should be proportionate to the severity of behavior, past history and other context-specific factors.

vi. When considering corrective actions, consider the need to protect staff, trainees or students from inappropriate behaviors.

vii. To the extent appropriate, schedule follow-up counseling to confirm that corrective steps were taken.