Safe and Healthy Learning Environment and Supervising Feinberg Students Module
McGaw Medical Center of Northwestern University
Residents As Teachers and Leaders (RATL)
Safe and Healthy Learning Environment

Maintaining a safe and healthy learning environment requires that the faculty, administration, residents, fellows, healthcare professionals, staff, and students treat each other with the respect due colleagues. All teachers should realize that students/trainees depend on them for evaluations and references, which can advance or impede their career development. Teachers must take care to judiciously exercise this power and to maintain fairness of treatment, avoiding exploitation or the perception of mistreatment and exploitation. The quality and worth of a Feinberg School of Medicine rest not only in the excellence of the content and the skills that are taught, but also in the example provided to students/trainees of humane physicians and scientists who respect their professional colleagues at all career levels, their patients, and one another.

http://www.feinberg.northwestern.edu/md-education/current-students/policies-services/policies/safe-healthy-environment/index.html
Safe and Healthy Learning Environment

Inappropriate behaviors are those that are not respectful or professional in a teacher-learner relationship. Examples of inappropriate behaviors which compromise the integrity of the educational process include, but are not limited to:

- Unwanted physical contact (such as touching, hitting, slapping, kicking, pushing) or the threat of the same;
- Sexual harassment (see the Northwestern University Policy on Sexual Harassment);
- Discrimination based on race, color, religion, national origin, sex, sexual orientation, gender identity or expression, parental or marital status, age, disability, citizenship, or veteran status (see the Northwestern University Policy on Discrimination and Harassment);
- Requiring learners to perform personal chores (e.g. running errands or babysitting);
- Verbal harassment, including humiliation or belittlement in public or privately (see the Northwestern University Policy on Civility);
- Use of grading and other forms of assessment in a punitive or self-serving manner;
- Romantic or sexual relationships between a teacher and student (see the Northwestern University Policy on Consensual Romantic or Sexual Relationships Between Faculty, Staff, and Students);
- The list above identifies a few specific situations. Other behaviors may qualify as student, resident, or fellow mistreatment and, if the learner is unsure, s/he should consult with the appropriate faculty, McGaw leadership, or university officials as detailed in Section V.
McGaw Process for Housestaff Reporting Concerns

Housestaff with concerns: Options to report

- McGaw HSA (Confidential)
- PD/Chair
- GME Dean (Josh Goldstein) McGaw Staff Confidential email box
- Ombudsperson (Confidential/discreet)
- Vice Dean of Education (Diane Wayne)
- GMEC review, IR/investigation
- Safe and Healthy Learning Process
- Finding of concern, GMEC generated action plan with follow up detailed, Dean of FSM notified
- Report to GMEC, Follow up IR as needed

Contact Information:
McGaw 312.503.7975
GME Dean (Josh Goldstein): j-goldstein4@northwestern.edu
Vice Dean of Education (Diane Wayne): dwayne@northwestern.edu
Ombudsperson (Lisa Rone): fsmombuds@northwestern.edu
McGaw Housestaff Association (HSA) http://mcgaw.northwestern.edu/benefits-resources/housestaff-association.html
Housestaff Concerns

Information regarding housestaff/trainee concerns can be found on the McGaw Website

http://mcgaw.northwestern.edu/policies/index.html

As shown in the Safe and Healthy Learning Policy, making a safe and healthy learning environment is paramount for housestaff as well as students. Please review this policy carefully. You will be asked to attest that you have read and understand it.

http://www.feinberg.northwestern.edu/md-education/current-students/policies-services/policies/safe-healthy-environment/index.html

We encourage you to report issues you may encounter using the flowchart to be found in the McGaw website above. Please read here about the school (FSM) Ombudsperson, Lisa Rone, who is available for housestaff concerns.

http://www.feinberg.northwestern.edu/md-education/current-students/policies-services/policies/safe-healthy-environment/ombuds.html
# Mistreatment Examples

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Examples of Mistreatment</th>
<th>Areas of Caution for Faculty</th>
<th>Acceptable Behavior (though could be perceived as mistreatment by student)</th>
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</table>
| **Initial behavior:** Subjection to offensive remarks/names related to sexual orientation  
**Possible follow-up behavior:** Denial of opportunities for training or rewards based on sexual orientation | • Explaining to a female patient that it’s okay if this particular male student performs a sensitive exam on her because he’s homosexual  
• Explaining to a male patient that it’s okay if this particular female student performs a sensitive exam on him because she’s homosexual  
• A physician knows a student to be LGBTQ from participating in other campus groups or activities and because they are of the same sexual orientation, demonstrates favoritism by allowing this student to participate in more procedures and see patients with them in their private office  
• A physician knows a student to be LGBTQ from participating in other campus groups or activities and does not ask them to see patients or does not have them participate in care to the same extent | • Presuming that all members of the team are of the same sexual orientation and therefore making comments about the gender of a significant other | |
| **Includes:**  
• Asking students about their sexual orientation  
• Commenting on a student’s sexual orientation to them  
• Commenting on a student’s sexual orientation to their peers, patients, nurses, residents or attending physicians  
• Using derogatory terms/slang to refer to a student’s sexual orientation or perceived sexual orientation  
• Subjecting students to derogatory terms/slang with regard to a patient’s sexual orientation or perceived sexual orientation | | | |
| **Initial behavior:** Subjection to offensive sexist remarks or names  
**Possible follow-up behavior:** Subjection to unwanted sexual advances | • A resident or attending telling his/her student that he/she would like to take the student out to a restaurant or night club  
• Telling a student that the outfit makes the student look sexy | | • Asking a student to meet 1:1 just after office hours, but within the medical center and in a public setting, to discuss performance/feedback  
• An outpatient preceptor offering to give a student a ride home from the office because the office is located 15 miles from the city and they both reside in the city | |
| **Includes:**  
• Subjecting the student to unwanted sexual advances  
• Using derogatory sexual terms/slang in the presence of a student  
• Subjecting the student to an offensive sexist remark/name | | | |

Note: student here applies to residents and fellows
## Mistreatment Examples

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| **Initial behavior:** Subjection to racially or ethnically offensive remarks | • A resident chastising a student for entering the incorrect rate of IVF, “You Asians are supposed to be good at math.”  
• After hearing a poor patient presentation, faculty member says to a student, “You only got into school here because you are an (URM) underrepresented minority.” | | |
| **Possible follow-up behavior:** Lower evaluation or grades solely because of race or ethnicity rather than performance | | | |
| Includes:  
• Using derogatory terms or slang to refer to a student’s race or ethnicity.  
• Assuming that a student is less qualified on the basis of their race or ethnicity.  
• Giving preferential treatment to a student on the basis of shared ethnicity or race.  
• Making generalizations about students based only on their ethnicity or race.  
• Persistently ignoring questions from a student who is a member of a racial or ethnic minority. | | | |

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| Harassment/Humiliation | • Making a student dance during a procedure  
• Feedback given to a student in a public setting in a demeaning manner i.e. “that was a stupid answer”  
• Talking about a student in a negative way to those who are not on service  
• Student’s inquiries and contributions alike are being ignored during interactions with the team  
• Attending refuses to check student note writing skills or orders persistently  
• Student denied chance to participate in one or more activities of the team i.e. denies access to the OR, or not being given chance to evaluate patients |                                                                                                                                             | • A student presents on morning rounds but does not know the urine output. Attending physician explains to the student why they should have this information. Student feels belittled or embarrassed in front of the team. (Public feedback is not mistreatment)  
• Calling students out for being late or not following up on assigned tasks; such as pre-rounding.  
• An attending raising their voice to get student to stop something procedurally because physician thought the patient was at risk |

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| Requests to perform personal services        | • Attending is meeting students for teaching rounds and asks students to pick up coffee or food for attending.       | • The resident/attending buys dinner/pays for food or snack but is unable to leave the labor floor to get it – asks the student to get the food (paying for the student to eat as well). If getting the food results in the student missing an opportunity to participate in a delivery with a patient that the student has been following, this could be problematic.  
• Attending asks a student to page another physician in order for the attending to speak to the other physician.  
• Attending’s coat was soiled during a clinic procedure. Attending asks student to go get a clean white coat for attending.  
• The student knows the patient and prepares him for a thoracentesis. The student is prepared to do the procedure herself and has assembled all of the materials. The resident and attending perform the procedure without the student. | • Medical student is asked to return a page while the attending is on the phone to another colleague.  
• Attending is changing a patient’s dressing and does not have adequate supplies. Attending asks student to retrieve additional supplies from the supply room. |
|                                               | • Asking student to pick up birthday card for administrative assistant from hospital gift shop.          |                               |                               |
FSM Competencies

• The Northwestern University Feinberg School of Medicine has adopted a competency-based education framework. This structure explicitly defines our curricular expectations and goals as well as our assessment standards. Ultimately, we expect that a student’s progress in his/her medical education is defined by achievement of competence rather than the amount of time spent in curricular activities. For this reason, we aim to provide a certain degree of flexibility for students in our curriculum.

• Medical education is a lifelong process that requires the skills of self assessment, self reflection, continuous learning and professional accountability. These skills must be developed at the undergraduate medical level and continue on through residency and practice. We are committed to helping our students develop the skills that the modern physician needs to care for patients and be a leader in the practice of medicine.

See: http://www.feinberg.northwestern.edu/md-education/curriculum/assessments-evaluations/index.html
FSM Competencies

1. **Patient-Centered Medical Care**
   Our graduates will demonstrate proficiency in the clinical skills and knowledge necessary to enter postgraduate medical education. They will apply their skills, knowledge, and clinical evidence with attention to patients’ perspectives, needs, values, and comfort.

2. **Effective Communication and Interpersonal Skills**
   Our graduates will demonstrate that they have the verbal and non-verbal communication skills to have respectful, compassionate and effective conversations with their patients, patients’ families, and colleagues in order to exchange information and make medical decisions.

3. **Medical Knowledge and Scholarship**
   Our graduates will demonstrate knowledge of the scientific basis of medicine, the ability to apply that knowledge to patient care and the skills to contribute to scholarship in medicine through research or teaching.

4. **System Awareness and Team-Based Care**
   Our graduates will demonstrate awareness of the overall healthcare delivery system, as well as the system of care in each of their clinical settings. They’ll also demonstrate the ability to work as an effective member of a healthcare team.

5. **Personal Awareness and Self-Care**
   Our graduates will demonstrate the capacity to self-reflect on their acculturation to medicine, to assess the impact of their medical school experiences on their evolving personal and professional values and to tend to their own physical and mental health.

6. **Community Engagement and Service**
   Our graduates will demonstrate knowledge of community factors that influence individual, community and public health and will gain perspective and experience through service activities within their local or global communities.

7. **Continuous Learning and Quality Improvement**
   Our graduates will demonstrate the ability to accurately assess and improve classroom and clinical performance, as well as to acquire, appraise and apply scientific evidence to classroom activities and patient care.

8. **Professional Behavior and Moral Reasoning**
   Our graduates will demonstrate a commitment to professional responsibilities and behavior as well as the ability to understand, reflect upon and integrate ethical and moral dimensions of healthcare.
Clerkship Dress Code

When in the clinical setting the following dress code applies. Clerkships may have their own addition standards of dress for FSM students. At the beginning of each rotation, check to see if additional policies are in place.

Men: business casual (ties are optional)
Women: business casual, closed-toe shoes and appropriate length skirts and tops

White coats must be kept clean.

Scrubs are acceptable for evening on-call hours and post call. Scrubs tend to ride low on your waist; make sure your undergarments and abdomen are not visible.
# FSM Student Evaluation Forms

## M3 Clinical Performance Evaluation

### Student as Clinician

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<th>Overall Performance as Clinician</th>
<th>Not Observed</th>
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**Expectations at this level of training:**
- Reports findings of history, physical exam, studies, and prior records properly. May lack information in complex cases.
- Can interpret findings in complex cases.
- Plans show good application of knowledge for straightforward patients.
- Can perform select procedures in controlled settings.

**Comments:**

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### Student as Advocate

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<th>Overall Performance as Advocate</th>
<th>Not Observed</th>
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**Expectations at this level of training:**
- Identifies barriers to quality care for patients, suggests plans for advocacy.

**Comments:**

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### Student as Communicator

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**Expectations at this level of training:**
- Listens carefully, compassionately, and effectively with good eye contact, actively engaged.
- Shares information with patients in a clear, correct manner, confirming patient understands.
- Written notes are accurate, organized, well-reasoned, and appropriately thorough for straightforward cases.
- Oral presentations are clear, properly timed, and well-structured in most clinical situations.

**Comments:**

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### Student as Scholar

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**Expectations at this level of training:**
- Knows disease manifestations for common illnesses and knows general therapeutic modalities.
- Feeds consistently and tries to apply readings to patient care.
- Demonstrates ability to identify literature and appraise it critically.

**Comments:**

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### Student as Collaborator

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**Expectations at this level of training:**
- Good understanding of primary team member roles and team goals.
- Works well as good of the team instead of his/herself.
- Open to feedback and attempts to implement it.
- Behaves with honesty, integrity, respect and compassion toward allied health professionals.

**Comments:**

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### Student as Professional

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**Expectations at this level of training:**
- Consistently takes initiative for own learning and patient care.
- Shows accountability, dependability, and integrity.
- Treats all patients with respect and compassion.

**Comments:**

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### Other Comments or Concerns:

If you have concerns about clinical progress or lapses in professional behaviors, please e-mail [insert clerkship director e-mail].

### Frequency of Observation

- Daily
- Weekly
- Occasional
- Infrequent

### Overall Performance as Student Physician

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**Northwestern Medicine**

Faiberg School of Medicine

McGaw Medical Center of Northwestern University
Core Rotation (M3) Goals and Objectives

For those involved in core rotations, please click on the following and review:

- Medicine
- Neurology
- Obstetrics/Gynecology
- Primary Care
- Psychiatry
- Pediatrics
- Surgery
Core Rotation (M4) Goals and Objectives

For those involved in core rotations, please click on the following and review:

- Critical Care
- Emergency Medicine
- Medicine Sub-I
- Obstetrics/Gynecology Sub-I
- Pediatric ICU
- Pediatrics Sub-I
- Physical Medicine & Rehabilitation
- Surgery Sub-I