

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 education 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

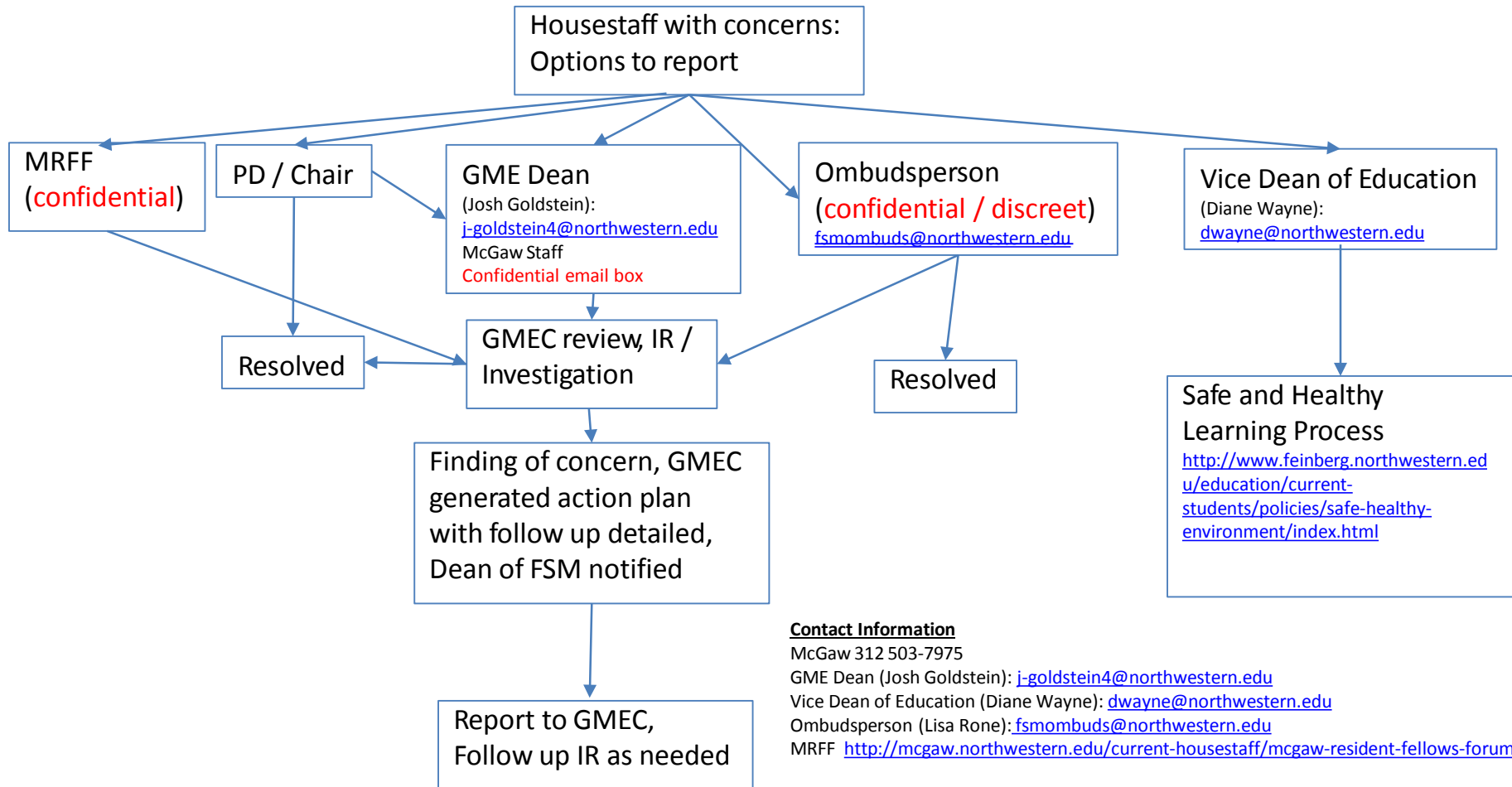
<http://www.feinberg.northwestern.edu/education/current-students/policies/safe-healthy-environment/>

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, URL due September 2013).
- 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 Concerns

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

<http://mcgaw.northwestern.edu/current-housestaff/housestaff-manual/policy-for-addressing-housestaff-concerns-and-grievances>

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/education/current-students/policies/safe-healthy-environment/>

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/education/current-students/policies/safe-healthy-environment/ombuds.html>

Behavior	Examples of Mistreatment	Areas of Caution for Faculty	Acceptable Behavior (though could be perceived as mistreatment by student)
<p>Initial behavior: Subjection to offensive remarks/names related to sexual orientation</p> <p>Possible follow-up behavior: Denial of opportunities for training or rewards based on sexual orientation</p> <p>Includes:</p> <ul style="list-style-type: none"> • 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 <i>student's</i> sexual orientation or perceived sexual orientation • Subjecting students to derogatory terms/slang with regard to a <i>patient's</i> sexual orientation or perceived sexual orientation 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Presuming that all members of the team are of the same sexual orientation and therefore making comments about the gender of a significant other 	
<p>Initial behavior: Subjection to offensive sexist remarks or names</p> <p>Possible follow-up behavior: Subjection to unwanted sexual advances</p> <p>Includes:</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Asking a student to meet 1:1 off hours to a <i>coffee shop off the medical campus</i> to discuss performance/feedback • A resident asking out a student when the student is no longer on the clerkship and grades have already been assigned 	<ul style="list-style-type: none"> • Asking a student to meet 1:1 just after office hours, but <i>within the medical center and in a public setting</i>, 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

Note: student here applies to residents and fellows

Behavior	Examples of Mistreatment	Areas of Caution for Faculty	Acceptable Behavior (though could be perceived as mistreatment by student)
<p>Initial behavior: Subjection to racially or ethnically offensive remarks</p> <p>Possible follow-up behavior: Lower evaluation or grades solely because of race or ethnicity rather than performance</p> <p>Includes:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.” 	<ul style="list-style-type: none"> • Describing a student as “the tall Asian man” when asking the floor team if they have seen the student whose name he has forgotten. (Be cautious using racial or ethnic terms as descriptors when attempting to identify a student) • Asking the Hispanic student on the team, “Can you translate for us?” when confronted with a Hispanic appearing patient who did not speak English. 	

Note: student here applies to residents and fellows

Behavior	Examples of Mistreatment	Areas of Caution for Faculty	Acceptable Behavior (though could be perceived as mistreatment by student)
Harassment/ Humiliation	<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • 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

Note: student here applies to residents and fellows

Behavior	Examples of Mistreatment	Areas of Caution for Faculty	Acceptable Behavior (though may be perceived as mistreatment by student)
Requests to perform personal services	<ul style="list-style-type: none"> • Attending is meeting students for teaching rounds and asks students to pick up coffee or food for attending. • Asking student to pick up birthday card for administrative assistant from hospital gift shop. • Attending did not have child care on weekend and brought child in for morning rounds. Attending asks student to watch child at the nurses' station while attending sees patients with resident. • Attending needs to pick up cake for weekend event and is stuck in the OR. Attending asks student to pick up cake before bakery closes. • Attending request that student retrieve journal articles for a presentation that the attending is preparing. The articles are not related to a current patient on the service or a project in which the student is involved 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

Note: student here applies to residents and fellows

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/education/curriculum/principles/competencies/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 communication (both verbal and non-verbal) and interpersonal skills and strategies that result in respectful, compassionate, and effective information exchange and decision making with patients, families, members of the healthcare team, and other colleagues.

3. Medical Knowledge and Scholarship

Our graduates will demonstrate knowledge of the scientific basis of medicine, the ability to apply knowledge to patient care and 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, and will demonstrate the ability to work as an effective member of the 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 both perspective and experience through service-learning activities within local or global community settings.

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 additional 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.

Core Rotation (M3) Goals and Objectives

For those of you involved in core rotations:

ICU
Primary Care
Surgery
Obstetrics/Gynecology
PM & R
Neurology
Emergency Medicine
Internal Medicine
Psychiatry
Pediatrics
Ob/Gyn

Please review your rotation's goals and objectives at:

<http://mcgaw.northwestern.edu/current-housestaff/resident-as-teachers-leaders-ratl-phase-i>