

## Tools for Educators to Create a Respectful Workplace\*

1. Model respectful relationships with peers, trainees and nurses. Remember what it was like as a medical student and think about how you would have liked to be treated. Reflect on interactions with students to appreciate how they may have perceived something.
2. Communicate clear expectations for students to reduce misunderstandings. (see the Day One conversation on the next page)
3. Do not make jokes about students' or patients' gender, gender identity, race ethnicity, age, sexual orientation, or size. Do not belittle students.
4. Be sensitive to the possibility that students or those close to them may have the diseases about which you are teaching and may take offense if you imply a judgmental attitude.
5. Do not ask students to run errands/pick up food, coffee/interpret Spanish for patients who are not theirs etc.
6. Learn and pronounce students' names correctly.
7. Value your students and thank them for their hard work.
8. Develop increased self-awareness of the level of stress in a situation. When stress levels increase, actively work to reduce them.
9. Address issues of mistreatment that arise (with nurses, patients, other trainees, and faculty) in real-time in order to support our students. If a student reports that he/she is being mistreated by a nurse or patient, listen and ask questions to better understand the issues, and try to help the student respond appropriately.

Scripts that may be useful to avoid mistreatment:

- a. "Please stand to the side for the time being as I am concerned that this patient is very unstable. We can talk about the teaching points after the patient has been stabilized."
  - b. "Please hold your questions until we have sufficient time to give them the attention that they deserve."
  - c. "We assess your knowledge base by asking you questions. You may not know the answers, but that helps us know how best to teach you."
  - d. "I am sorry about this misunderstanding. I may not have communicated clearly."
  - e. "I am sorry if what I said was offensive to you. I didn't intend for it to be so harsh."
10. Review VP&S' Standards, Procedures, and Policies regarding the learning environment, which can be found here: <http://ps.columbia.edu/education/curriculum/learning-environment/learning-environment-standards-procedures-and-policy>. Assess the clinical environment for hot spots. Work with others in your department to proactively avoid these.

\*Used and modified with permission from Stanford School of Medicine, 2015.

## DAY ONE CONVERSATION ADDENDUM

A Day One Conversation is a 3–5-minute conversation where you can set expectations with your student. This includes but is not limited to the time they should arrive, the timing and location of rounds, the number of patients they should aim to pick up, the structure to use for presentations (which may be attending-specific), and the ways they can best help out the team.

Be sure your student is introduced to the team.

It is important to make a habit of providing a Day One Conversation.

*An Example of a Day One Conversation:*

	Part of conversation	Suggestions for how to begin
<b>Introduce yourself &amp; Request Conversation</b>	1. Introduce yourself	<i>"Hi my name is _____, and I will be resident/attending for the next X weeks."</i>
	If it is not a good time to have the full conversation Day 1, proceed to #2; if Day 1 is a good time for the conversation, then skip to #3.	
<b>Content of the Day One Conversation</b>	2. Schedule the conversation for a date within the first 2-3 days of the rotation.	<i>"Things are busy now. Let's meet <u>(date/time)</u> for the full conversation."</i>
	3. Begin with an <u>open-ended</u> discussion about your expectations	<i>"Let's talk about the expectations we have regarding this rotation"</i>
	You may get all the necessary information from #3. However, consider touching on the topics below if important points are missing.	
	4. Discuss the student <u>role</u> on the team and how they can be helpful. Explain how to get in touch with team members	<i>"These are things medical students do to help out."</i>
	5. Discuss any ground <u>rules</u> the student should know about including logistics and responsibilities	<i>"These are the ground rules:" Logistics: e.g. when to arrive, call schedule, rounds schedule, whether to pre-round alone Student responsibilities: e.g. number of patients to carry, procedures to learn, how to structure presentations, do students present new admissions, do students write notes..."</i>
6. Discuss when/how the student should solicit <u>feedback</u> and how they will be <u>evaluated</u>	<i>"I'll give you formal feedback twice during the rotation, and informal feedback on an ongoing basis."</i>	
7. Consider reviewing specific clinical skills or learning opportunities on the rotation	<i>"On this rotation you should be able to learn the following skills and experience these learning opportunities (give examples of skills and learning opportunities commonly learned on the rotation) ..."</i>	

The Day One Conversation has several parts. The mnemonic **OR5** can be a helpful checklist: **O**pen, **R**ole, **R**ules, **R**eviews (feedback/evaluation), **R**esolutions (your goals), **R**ecognition (say "thank you").

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