

WORKING WITH YOUR STUDENTS:

AVOIDING MISCOMMUNICATION AND MISTREATMENT

5/31/2016

The 5-Minute Clinical Faculty Orientation¹

Set the stage – Take 5 minutes. Meet with your trainees to discuss goals, objectives, expectations, the learning environment and how teaching and patient care will work. Ask students what they most want to learn. Take advantage of this time to introduce yourself and other team members and to begin the process of team building. *Affirm your shared commitment to patient care and to a respectful learning environment.*

Provide authentic roles for students - On the first day, and every day thereafter, create and reinforce authentic patient care roles for your students. Students want to work hard, and they want to “learn by doing.” They do not thrive, learn or grow by only shadowing or, worse, by being ignored. Try to reinforce students’ roles as valued team members and patient advocates; students want to play a significant role in patient care. By the way, “authentic roles for students” can include “supportive” activities (for example, tracking down test results, writing notes, making phone calls), because these activities help patients and the health care team and free up time for additional teaching.

Challenge students in a non-threatening way – Sometimes, faculty members wonder, “Can I ask tough questions?” The answer is “yes.” Hard questions are valuable; they help you identify what your students know, so you can “teach to the gaps.” Let your learners know you will engage in questioning in order to challenge them and deliver relevant and useful teaching --- but never to shame, humiliate or undermine. Watch the nonverbal communication of your learners to know when to add hints, when to normalize (e.g., “this is tough stuff”) and when to provide your own positive nonverbal communication as encouragement. Highly effective teachers create a safe and supportive learning climate, where

¹ Prepared by the *Next Steps/Reducing Student Mistreatment* Steering Committee: Brittany Badesch (2016 Medical School Graduate and past MSC President), Alyssa Blood (MS4), Andrew Hagar (MS4), Christina Osborne (Resident, Pediatrics, Housestaff Association Co-President), Shamita Punjabi (2016 Medical School Graduate), Steven Lowenstein (Associate Dean for Faculty Affairs). Portions of this material are based on earlier work by Dr. Mel Anderson.

learners feel they have the latitude to ask questions, reveal what they don't know, think out loud and even struggle without fear of retribution. Basically, learn to challenge students in a non-threatening way, providing a space for respectful, engaging Socratic questioning to thrive. Effective questions reinforce clinical lessons and augment learning. Harmful questions (once referred to as "malignant pimping") seek only to serve one's own ego, humiliate learners and reinforce hierarchies. Harmful, malignant questioning is prohibited and is a form of student mistreatment.



Even medical students sometimes have to repeat a year.

Set clear expectations for your students. Despite some myths to the contrary,² your students are not soft, they do not wish to be coddled, and they know the value of late hours, hard work and dedication to their patients. They do understand the ancient adage, "*strong sailors are not made on calm seas.*" Rather than engaging in generational warfare about "millennials," simply appreciate that you and your students are in this together, for the same reason: to deliver the best possible care to patients. Encourage them to see another patient, to present patients to you and your

² Dhaliwal G. The greatest generation. JAMA 2015; 314: 2353-2354.

team. Always, encourage them to take a risk, by suggesting the most likely diagnosis, the best testing strategy and the right treatment plan.

Encourage students to question (and even challenge) you --- for example, your observations, conclusions and treatment plans. Challenge your students to add new insights and information from their own histories, physical examinations and chart reviews, and from their reading. This helps break down hierarchies, promotes respect and teamwork, helps avoid errors and enhances patient care.

Really respect and connect with your students. Value their knowledge, idealism and humanism. Acknowledge that they often connect with patients in ways that we cannot. Look to your students as role models for professionalism and empathy. Remember that, as faculty members, we do know more; but that doesn't make us superior human beings. And along the way, model how you connect with your patients, and share your own idealism and humanism. Do not make disrespectful comments at the expense of other team members or other professional colleagues. Do not make disrespectful or dehumanizing comments about patients (for example, ridiculing a patient's ethnicity, English language ability, weight, mental illness). Instead, demonstrate your communication skills and empathy for patients at the bedside, in front of your students.

Acknowledge gaps in your own knowledge. Publically admit when you need to look something up, and share your strategies for finding important information relevant to your patients. Students face numerous challenges during their first months in the hospitals and clinics; acknowledge the challenges and stresses that we all face in the hospitals, in our offices, in our clinical work.

Dare to observe – Watch your learners in action: interviewing and examining patients, communicating with families or specialists and interacting with peers. These observations can be a rich source of feedback on clinical skills, communication and professionalism.