Tools for Students to Create a Respectful Learning Environment

1. When asked to run errands/pick up food, coffee, etc., respond in a way that helps others know that you are very interested in the educational opportunities and would prefer to stay in the clinical area and not miss out on these educational opportunities.

2. Clarify expectations for student’s role on the service to reduce misunderstandings.

3. Develop an awareness of the educator’s stress level. When the stress level increases, take measures to actively reduce it or wait quietly and patiently to let the educator handle the situation.

4. Scripts for students that may be useful to avoid mistreatment:
   a. When asked to run an errand: “I find the clinical experience to be so interesting and important. I would prefer not to miss any of it in order to pick up coffee.”
   b. To avoid being left without a role when a patient is deteriorating: “During this month, when a patient becomes unstable, in what way can I participate?”
   c. To help with communication when a patient is deteriorating suggest the following at the beginning of the month/week/day: “It would be helpful to have a phrase that denotes that a patient is unstable so that those present are aware of this, but the patient and family are not alarmed. Perhaps something like ‘let’s all pay attention now’.”
   d. When there has been an erroneous assumption or statement: “I am sorry about this misunderstanding. I may not have understood you clearly.” Then discuss it openly.
   e. When something offensive has been said: “I think I understand the meaning that you intended, however, it might be offensive to others because of the ambiguity. Did you mean… (Restate comment without offensive portion)?”
   f. In response to someone yelling: “I can hear you well, there is no need to raise your voice.”
   g. In response to profanity or inappropriate comment: “I would prefer if you use professional terminology so that I can learn the best way to handle this difficult situation.”

5. Reflect on interactions with residents/attendings/nurses to appreciate how they may have perceived something. When things are quiet/conducive to discussion, bring up the situation and clarify what the different perceptions might have been.

6. If another student or resident reports that they are being mistreated by an attending, nurse or patient, listen and ask questions to better understand the issues, and try to help the student/resident respond appropriately.

7. When you are concerned about a situation, think about discussing it with another member of the team. Often a more senior clinical student or intern can help you develop the best approach to the situation.

8. Generally, educators would like the opportunity to understand your perception in order to clear up a misunderstanding at the time or in close proximity to it. It often worsens if it is allowed to fester.
9. We encourage you to address issues of mistreatment that arise (with nurses, patients, other students, trainees and faculty) in real-time in order to create a respectful workplace. However, SOM leadership would then like to hear about issues of mistreatment as well. You can report these in one of three ways:
   a. Email or discuss with Dr. Smith-Coggins (smithcog@stanford.edu) or another member of the Respectful Educator and Mistreatment Committee
   b. Write a SAFE Report through a hospital workstation. This can be done 24/7. It will be referred to Dr. Smith-Coggins.
   c. Report concerns on the end of clerkship evaluation through E*Value.
10. Remember your experiences as a medical student and think about how you will conduct yourself in an exemplary fashion as a resident and attending in the future.
11. Assess the clinical environment for hot spots and think creatively for solutions that would avoid these. Share these observations via any of the three routes for feedback listed in #9.
12. Set a good example in the workplace by showing gratitude to your faculty/residents and staff and thanking them for their hard work.
13. Do not make jokes about patients’ or anyone’s gender, race ethnicity, age or sexual orientation
14. Model respectful relationships with peers, educators and nurses.
15. Please be aware that we do have a SoM mistreatment policy which can be found here: http://med.stanford.edu/md/mdhandbook/section-3-13-respectful-educatorand-mistreatment-policy.html